

TO LODGE A CLAIM

You will need a **certified copy** of either your **Passport, Driver's Licence** or **Birth Certificate** and all sections of this form must be completed, otherwise your application will not be processed.

For additional information visit our website: www.longservice.nsw.gov.au/cci/workers/your-long-service-leave

PART 1 - WORKER DETAILS

Worker Registration Number*

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Date of Birth*

D		M		Y					
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Given Name/s*

Family Name*

Number and Street or PO Box*

Suburb/Town*

State

Postcode

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Phone

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Mobile

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Email

PART 2 - CLAIM DETAILS

You **MUST** take a minimum of 2 weeks long service leave and are required to notify your employer/s of your intention to take leave.

I have elected to take long service leave:*

From

D		M		Y					
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To

D		M		Y					
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Total number of weeks requested (including part weeks eg. 6.5 weeks):*

A. Are you taking your long service leave as a continuous period?

Yes No

B. Do you work for multiple employers?

Yes No

C. When do you need your payment? As soon as possible **OR** Delay until:

D		M		Y					
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PART 3 - PREVIOUS LONG SERVICE LEAVE PAYMENTS

A. Have you previously been paid or taken long service from an employer in the cleaning industry?*

Yes No

If yes - provide name of employer:

Date payment was made:

D		M		Y					
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**CONTRACT CLEANING INDUSTRY
APPLICATION FOR PAYMENT - STAYING IN THE INDUSTRY WORKER**

PART 4 - INTERSTATE SERVICE

- A. Are you a member of the ACT, QLD and/or VIC Portable Long Service Leave Scheme?* Yes No
- B. If **yes** - would you like this service included with this application? Yes No
- C. If **yes** to B, please provide your ACT, QLD and/or VIC membership number/s:

ACT																QLD															VIC															
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PART 5 - TAX DETAILS

Tax file number:

TFN															
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NOTE: The Corporation is required to deduct tax from your payment at your marginal tax rate. You have no legal obligation to quote a tax file number. However if you do not provide a tax file number, tax will be deducted from your payment at the highest rate.

PART 6 - PAYMENT DETAILS

The bank account details you provide on this form will be used to make a single lump sum payment.
The Long Service Corporation will not accept liability for funds deposited into the wrong account due to an error in the BSB/Account number provided.

I authorise payment of my funds to be made into the following bank account:

Bank Branch	BSB Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Account Holders Name/s*	Account Number - DO NOT enter your card number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PART 7 - SUPPORTING DOCUMENTATION REQUIRED

- I have attached a **certified copy of my Passport or Drivers Licence or Birth Certificate** as proof of my identity.
- This document must be certified to be a true copy of the original document by one of the following: a notary public officer; a registrar or deputy registrar of the court; a police officer; a pharmacist; a medical practitioner; a Justice of the Peace; an officer of the Long Service Corporation; or a member of the Chartered Accountants Australia and New Zealand, CPA Australia or the Institute of Public Accountants (IPA).

PART 8 - WORKER DECLARATION

I apply for the long service payment referred to in this application and declare that all details shown are true and correct to the best of my knowledge. I understand that a penalty of up to \$5,500 may be imposed for the making of a false or misleading statement and that information about this application may be given to a third party for the purposes of determining eligibility for this payment. I authorise payment as indicated above.

Name*	Signature*								
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Date*									
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D		M		Y					

RETURN

Please complete and return to:
Scan and email to info@longservice.nsw.gov.au **or** **Post** to Locked Bag 3000, Central Coast MC, NSW 2252