

Application for a Long Service Payment



ABN 83 584 623 406

Address all correspondence to:
TasBuild Limited
PO Box 3031
Rosny Park, Tasmania 7018

Office Address:
Level 3, 6 Bayfield Street
Rosny Park Tasmania 7018
☎ 6294 0807 Fax: 6294 6959
Email: secretary@tasbuild.com.au Web: www.tasbuild.com.au

SECTION 1 TO BE COMPLETED BY EMPLOYEE CLAIMING ON OWN BEHALF OR BY THE PERSONAL REPRESENTATIVE OF A DECEASED EMPLOYEE. (USE BLOCK LETTERS)

Family Name _____ Given Name _____ Registration No: _____

Address _____ Date of Birth ____/____/____

_____ Post Code _____ Tel # Bus Hrs _____

Email address _____

If you are registered in another state, which states? _____ Registration No: _____

Registration No: _____

Tick appropriate box to show reason for claim.

A. I wish to apply for _____ weeks long service leave I will be taking leave from ____/____/____ to ____/____/____

I am taking the payment only.

B. I am leaving the industry and wish to claim a termination payment. **Section 2, 3 & 4 of this application must be completed.**

(Note: Claiming a pro-rata payment on termination with your employer means that you will break your service for long service purposes. Should you re-enter the construction industry your service will recommence from day 1).

C. I am the personal representative of a deceased employee claiming the entitlement. **Section 2, 3 & 4 of this application must be completed.**

(Note: Supporting documentation will need to be provided, applicants must contact this office prior to submitting a claim and further information will be forwarded to the claimant).

SECTION 2 TO BE COMPLETED AND SIGNED BY THE EMPLOYEE OR THE PERSONAL REPRESENTATIVE

To avoid delay in processing your claim; please ensure a current payslip, photo I.D. and copy of your bank account statement is attached to this application

Payments take a minimum of 3 weeks to process.

Tax will be deducted from the payment for Long Service Leave at the rate specified by the Australian Taxation Office. Ensure your tax file number is supplied; otherwise tax has to be deducted at a higher rate.

Once your entitlement has been paid into your nominated bank account you will be forwarded details of the payment that was made along with a Taxation Payment Summary. You must retain this summary for Taxation purposes.

If you would like to be contacted once your payment has been approved, please tick the following box and we will contact you with the relevant details. Please supply a daytime contact number above

I require my long service leave payment to be made on: _____

Signature of employee or personal representative _____ Date: _____

Congratulations on reaching a Long Service Entitlement in the Tasmanian Construction Industry

SECTION 3 TO BE COMPLETED BY EMPLOYEE OR THE PERSONAL REPRESENTATIVE CLAIMING A PRO-RATA TERMINATION ENTITLEMENT

When claiming a pro-rata entitlement the reason for termination must fall within one of the following categories. You must indicate which reason, the statement must be completed by the applicant below and evidence provided where necessary: -

The Rules below refer to changes to the scheme effective 1 January 2006. If service terminated prior to this date different Rules will apply.

Tick appropriate box

Minimum 7 Years Required

Termination by the employer (other than for serious and wilful misconduct). *Application for pro rata entitlement on this basis may be claimed after the 'prescribed period' of two months from date of termination. The entitlement will only be paid where during this period the employee has been actively seeking relevant employment within the Construction Industry for the whole of that period, without success, and is unemployed at the date of lodging the application. Written detail of attempts to obtain relevant employment must be provided together with the date and reason for termination.*

Minimum 7 Years Required

You terminated your employment on account of a domestic or other pressing necessity which may include terminating your employment on account of illness or incapacity (of such a nature as to justify the termination). *Application for pro rata entitlement on this basis may be claimed after the 'prescribed period' of two months from date of termination. The date of termination and specific details of the domestic or other pressing necessity that led to your termination must be provided. In relation to illness or incapacity a medical certificate must be provided indicating that;*

- . *It was necessary for you to terminate on account of illness or incapacity; and*
- . *Your illness or incapacity has prevented or will prevent you from engaging in relevant employment for the prescribed period*

Minimum 2 Years Required

Termination by either yourself or your employer on or after your attaining the age of retirement. *Date of termination must be provided along with proof of your retirement or your date of birth.*

Minimum 55 Days Required

You terminated your employment on account of your illness or incapacity (of such a nature as to justify the termination), and the illness or incapacity will **permanently** prevent you from engaging in relevant employment. *The date of termination must be provided along with a medical certificate indicating that: -*

- . *It was necessary for you to terminate on account of illness or incapacity; and*
- . *Your illness or incapacity **permanently** prevents you from engaging in relevant employment.*

Minimum 55 Days Required

Pro-rata application by a deceased employee's legal personal representative. *A claim may be made provided the deceased employee's last employment before the deceased's death was relevant employment. Supporting documentation will need to be provided. Applicants must contact this office prior to submitting a claim and further information will be forwarded to the claimant.*

NOTE: *If the reason for termination of employment resulted from: -*

- (a) *Retirement*
- (b) *Approved Early Retirement Scheme*
- (c) *Bona fide Redundancy*

Then additional information is required to be provided by the employee to determine the correct amount of withholding tax. Failure to provide supporting documentation will result in the payment being taxed at a higher rate.

I DECLARE THAT THE INFORMATION CONTAINED IN THE ABOVE STATEMENT OF PARTICULARS IS TRUE AND CORRECT. Please ensure Section 2 of this application is also signed.

SIGNED: _____

DATE: _____

