



**NUMBER:**

## Form 13 - Application for Payment instead of Taking Long Service Leave

*Version 1*

This is an application to the Queensland Industrial Relations Commission in accordance with s110 of the *Industrial Relations Act 2016*.

### 1. The Applicant

|                        |  |                   |  |
|------------------------|--|-------------------|--|
| <b>Title</b>           | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Specify Other: |                   |  |
| <b>Employee's Name</b> |  |                   |  |
| <b>Postal address</b>  |  |                   |  |
| <b>Suburb</b>          |  | <b>Postcode</b>   |  |
| <b>Phone number</b>    |  | <b>Fax number</b> |  |
| <b>Mobile number</b>   |  |                   |  |
| <b>Email address</b>   |  |                   |  |

a) **Does the Applicant have a representative?**

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the Applicant. There is no requirement to have a representative.

Yes - Provide representative's details below and file a Form 33 or 34

No

b) **Applicant's representative**

|                       |  |                   |  |
|-----------------------|--|-------------------|--|
| <b>Contact person</b> |  |                   |  |
| <b>Organisation</b>   |  |                   |  |
| <b>Postal address</b> |  |                   |  |
| <b>Suburb</b>         |  | <b>Postcode</b>   |  |
| <b>Phone number</b>   |  | <b>Fax number</b> |  |
| <b>Email address</b>  |  |                   |  |

**2. The Interested Party (Employer)**

The Applicant must serve a copy of this Application (without the attachments) on the Employer

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| <b>Name of Employer</b> |  |                   |  |
| <b>Contact person</b>   |  |                   |  |
| <b>Postal address</b>   |  |                   |  |
| <b>Suburb</b>           |  | <b>Postcode</b>   |  |
| <b>Phone number</b>     |  | <b>Fax number</b> |  |
| <b>Email address</b>    |  |                   |  |

**3. Your employment**

**3.1 What date did you commence employment with your employer?**

|  |
|--|
|  |
|--|

**3.2 What date did you become entitled to take long service leave? (see s95(2) of the Act)**

|  |
|--|
|  |
|--|

**3.3 What are the grounds on which you are applying?**

**Financial Hardship; or**

**Compassionate**

**(Please also complete schedule 1)**

**3.4 What is the amount of Long Service Leave you are applying for?**

**Weeks:**

**Days:**

**Monetary Value:**

I [make oath and say] [solemnly and sincerely affirm and declare]

All the facts and circumstances deposed to in this my application are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my application.

**4. Signature**

|                  |  |
|------------------|--|
| <b>Signature</b> |  |
| <b>Name</b>      |  |
| <b>Date</b>      |  |

**Taken by:**

|  |  |  |
|--|--|--|
| <b>Sworn/Affirmed by the deponent at:</b>  |  |  |
| <b>on:</b>   |  |  |
| <b>Signature</b>   |  |  |
| <b>Print Name</b>  |  |  |
| <b>Date</b>  |  |  |
| Justice of the peace/commissioner for declarations/lawyer/other qualified person |  |  |

**SCHEDULE 1 –**

Using numbered paragraphs, please set out clearly the particulars of the grounds on which you are making this application, including a list showing your total income (from all sources), expenditure (on a fortnightly/monthly basis) and assets and liabilities.

*(copies of documents in support eg bank statements, 2 pay slips, credit card statements, letters from creditors, letters demanding payment etc should be attached).*

Please add extra pages if required.