

Form 14 Version 1	Application under section 475 for proportionate payment for long service leave <i>Industrial Relations Act 2016, sections 95(3) and (4) & 475 (To be used for applying to be paid a proportionate payment for long service leave on termination of employment after 7 years but less than 10 years continuous service.)</i>	R.150.
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QUEENSLAND INDUSTRIAL RELATIONS COMMISSION
Industrial Relations Act 2016, section 95(3) and (4)

(name of applicant)
APPLICANT

And

(name of respondent)
RESPONDENT

(Matter No. /20 /)

**APPLICATION UNDER SECTION 475 FOR PROPORTIONATE
PAYMENT FOR LONG SERVICE LEAVE**

TO: The Industrial Registrar, Industrial Registry, Level 21, Central Plaza 2, 66 Eagle Street, (Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane Q 4001
Phone: (07) 3227 8060 Fax: (07) 3221 6074

AND TO:

(respondent, former employer)

TAKE NOTICE that I, *(full name of applicant)* of *(address)*,
[a duly appointed inspector under the *Industrial Relations Act 1999*]
[*(position or title)* of *(name of organisation, corporation, business etc)*]
[being an organisation of which *(full name of former employee)* is a member
and for whom the organisation is acting] [being authorised by *(full name of former employee)*
to act for [him][her]:

APPLY to the commission for:

1. An order for payment under section 475 of the Act for long service leave the applicant was entitled to under section 95(4) of the Act on termination of employment; and
2. The following decision:
 - (a) That *(full name of respondent, former employer)*, the respondent, pay to *(full name of former employee)* the total sum of \$
 - (b) *(any other order sought)*

(Note the total sum must not be more than \$50,000, S. 476(1).)

3. Further I apply for directions as to the conduct of this application in relation to the following matters –
- (a) nature of conference/hearing;
 - (b) place and time of hearing;
 - [(c) *(any other directions required)*]; and
4. Further, I, [make oath and say] [solemnly and sincerely affirm and declare] as follows –
- (a) [I] [The former employee] [am/was] [is/was] employed as a [trainee] or [apprentice].
 - (b) [I] [The former employee] [am not /was not] [is not /was not] a [trainee] or [apprentice].
 - (c) [I] [The former employee] [am/was][is/was] under an order under section 140 of the Act fixing remuneration and conditions applying to vocational placement].
 - (d) Neither I nor to the best of my knowledge and belief, has any other person eligible to make an application under section 476(2) of the Act in relation to [myself][the former employee] made an application under section 379 or 396 of the Act for the same matter.
 - (e) The respondent being an employer within the meaning of the *Industrial Relations Act 2016* employed [me] at *(or: former employee's full name)* at *(place where employee was employed)* as a *(former employee's occupation)* and [I] [the former employee] did the following work: *(set out nature of work undertaken)*
 - (f) [I] [The former employee] commenced employment with the employer on *(day, month, year)*
 - (g) [I] [The former employee] ceased employment with the employer on *(day, month year)*
 - (h) [I] [The former employee] was employed for a continuous period of *(years, weeks, days, hours).*
 - [(I) [I] [The former employee] terminated [his/her] [my] employment because of: *(see section 95(4)(b), Set out material facts, in consecutively numbered paragraphs, in support of claim under section 95(4)(b) (i) or(ii)*
 - (a)]
 - [or]
 - [(j) The respondent terminated [my] [the former employee's] employment on *(day, month, year)* for:
 - (a) for a reason other than the employee's conduct, capacity or performance, in that: *(see section 95(4)(c), Set out material facts, in consecutively numbered paragraphs, in support of claim under section 95(4)(b) (i))*
 - [or],
 - (b) the dismissal was unfair because: *(see section 95(4)(c), Set out material facts, in consecutively numbered paragraphs, in support of claim under section 95(4)(b) (ii))*]
 - (k) [I] [The former employee] was employed under the *(name of industrial instrument or other basis for claim)*
 - (l) [I] [The former employee] state that the amount payable to [me] [former employee] *(or: full name of employee)* and which remains unpaid by the respondent is \$]
 - (m) Full particulars of the amount are set out in Schedule 1 attached.

[Signed
(deponent to sign)]

[Taken by
(person before whom affidavit is sworn)]

All the facts and circumstances deposed to in this my affidavit 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 affidavit.

(Signature)
Deponent

[**SWORN**] [**AFFIRMED**] by the deponent at _____ on _____
(place) *(day, month and year)*
before me:

(Signature)

(print name)

[Justice of the peace][commissioner for declarations][lawyer] *(other qualified person)*

TO RESPONDENT:

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you. (See R.66, Hearing in respondent's absence).

Schedule 1 Particulars of amount payable

(Schedule 1 must state details of the amounts payable in itemised form showing the dates the amounts claimed, when they became payable, how each calculation was made and the total amount claimed, R.76. The details given must be sufficient to enable the respondent to know the exact nature of the claim being made and how the amount claimed was arrived at.)

(Last page)

PARTICULARS OF THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

PARTICULARS OF FORMER EMPLOYEE IF NOT THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l)*

Applicant's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF THE RESPONDENT *(the following information must be provided).*

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Respondent's address for service:

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]