



Form 13 - Application for payment instead of taking long service leave

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*Industrial Relations Act 2016, s 110**Industrial Relations (Tribunals) Rules 2011, r 52, r 55, r 149*

Information

- Use this form to make an **application for payment instead of taking long service leave**.
- As this form contains an affidavit, you will need to have your signature witnessed by a Justice of the Peace, Commissioner for Declarations or Lawyer.
- Please read this form carefully and complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the non-acceptance of your form.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For information on completing the application, please see the **Application Guide** located on the website www.qirc.qld.gov.au.
- For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Application

This application is made to the Queensland Industrial Relations Commission, pursuant to s 110 of the *Industrial Relations Act 2016* for an order for payment instead of taking of long service leave

1. Applicant

Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____		
Name of Applicant:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

2. Applicant's representative [if applicable]

Organisation:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

Signed: _____
[Signature of the deponent/substitute signatory]

Taken by: _____
[Signature of witness]
Justice of the Peace/Commissioner for Declarations/Lawyer

3. Employer			
Name of Employer:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town	Postcode	
Phone number:		Mobile number:	
Email address:			

4. Portable Long Service Leave (QLeave)	
Do you work in the Building & Construction, Contract Cleaning or the Community Services industry <u>and</u> your long service leave credit is recorded by QLeave? For more information, visit www.qleave.qld.gov.au	
<input type="checkbox"/> Yes [portable long service held with QLeave]	<input type="checkbox"/> No

5. Your employment		
5.1 What date did you commence employment with your employer?		
5.2 What date did you become <u>entitled</u> to take long service leave? [e.g. completed 10 years continuous service - see s 95 of the Act or speak to your employer to confirm your entitlement]		
5.3 What are the grounds on which you are applying? [Please also complete Schedule 1 - you will be able to provide more information regarding the reasons for making the application]	<input type="checkbox"/> Financial hardship and/or <input type="checkbox"/> Compassionate reasons	
5.4 What is the amount of Long Service Leave you are applying for?		
Hours: _____	Days: _____	Weeks: _____
Monetary Value:	\$	<input type="checkbox"/> Net [after tax] <input type="checkbox"/> Gross [before tax]

Upon receipt of your application, your employer will be requested to provide the following information to the Commission:

- the employer's full business name and ABN/ACN (if applicable);
- confirm the date the applicant's continuous service with the employer commenced;
- confirm the present nature of the applicant's employment (part-time/full-time);
- the applicant's **present entitlement** to long service leave (e.g. the full entitlement accrued to date, represented in hours, days, weeks);
- confirm the gross and net monetary value of the amount of long service leave **applied for** by the applicant; and
- the title of the industrial instrument applying to the applicant's employment (e.g. Award/Agreement).

Signed: _____ Taken by: _____
 [Signature of the deponent/substitute signatory] [Signature of witness]
 Justice of the Peace/Commissioner for Declarations/Lawyer

6. Affidavit - Signature

I ☐ state on oath: **OR** ☐ do solemnly and sincerely affirm and declare, that:

The contents of this affidavit are true and correct. Where the contents of this affidavit are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and the grounds for the belief and, if contained in a document, I have attached that document to this affidavit.

I understand that it is a criminal offence to provide a false matter in an affidavit, for example, the offence of perjury under section 123 of the Criminal Code.

I state that: [Deponent to complete – **only tick if applicable** – leave blank if not applicable]:

- ☐ This affidavit was made in the form of an electronic document
- ☐ I electronically signed this affidavit
- ☐ This affidavit was made, signed and witnessed under Part 6A (Audio visual link) of the *Oaths Act 1867*.

SWORN/AFFIRMED BY:

Signature of person making the affidavit

Full name of deponent [Applicant]:	
Signature of deponent:	
Sworn/Affirmed at [place]:	
Date:	

Alternative signature panel if substitute signatory signs

Complete this section only if the affidavit was signed by a substitute signatory (a person directed to sign the affidavit on behalf of the deponent)
Signed for and at the direction of the deponent by:

Full name of substitute signatory:	
Signature of substitute signatory:	
Sworn/Affirmed at [place]:	
Date:	

BEFORE ME:

Witness details

Full name of witness:	
Signature and type of witness:	
	<input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Commissioner for Declarations <input type="checkbox"/> Lawyer
Date:	
Insert name of law practice/place of employment:	

7. Certificate (pursuant to rule 55 of the *Industrial Relations (Tribunals) Rules 2011*):

WITNESS to complete [only tick if applicable]

If deponent is incapable of reading or physically signing the affidavit

- ☐ I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit.
- ☐ I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit, but was physically incapable of signing it.
- ☐ A substitute signatory signed for and at the direction of the deponent.

8. For Special Witnesses (see s 12 of the *Oaths Act 1867*)

SPECIAL WITNESS to complete [only tick if applicable]

For special witnesses only:

- ☐ I am a special witness under the *Oaths Act 1867* (see s 12 of the *Oaths Act 1867*).
- ☐ This affidavit was made in the form of an electronic document.
- ☐ I electronically signed this affidavit.
- ☐ This affidavit was made, signed and witnessed under Part 6A (Audio visual link) of the *Oaths Act 1867* - I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.

Please note - Only pages 1 to 4 will be provided to the employer/QLeave

Schedule 1 – Reasons/Grounds for this application (Not to be provided to employer/QLeave)

Set out clearly, in numbered paragraphs, the particulars of the reasons/grounds for this application (i.e. whether it is for compassionate reasons or as a result of financial hardship, and how the money will be used).

☐ I have attached additional pages to this application

Schedule 2 – Financial Details (Not to be provided to employer/QLeave)

In order to approve your application, the Commission needs to be satisfied that you are in financial hardship and/or need to access a payout of your long service leave on compassionate grounds. The provision of the below information will assist.

List all assets (<i>What you own</i>) (e.g. house, car, boat, furniture and contents, investment property etc)	Approximate Amount \$
List all liabilities (<i>What you owe</i>) (e.g. amount left to pay on mortgage, personal loans, credit cards debts etc)	Approximate Amount \$
List all sources of income (e.g. pay [please <u>attach two recent payslips</u>], shares, rental property income, etc)	Approximate Amount (per week) \$
List normal expenditure (e.g. mortgage repayments, rent, bills, groceries, living expenses, etc)	Approximate Amount (per week) \$

Add additional pages if required

Schedule 3 – Final Checklist [Not to be provided to employer/QLeave]

I confirm that:

- ☐ I have signed pages 1, 2 and 3 and had my signature witnessed by a Justice of the Peace (JP), a Commissioner for Declarations or a Lawyer on each of pages 1, 2 and 3.
- ☐ I have provided my reasons/grounds for making the application by completing page 5 (Schedule 1).
- ☐ I have provided an outline of my current financial situation by completing page 6 (Schedule 2).
- ☐ I have attached **copies** (originals not required) of my **two most recent pay slips** as proof of my current income.
- ☐ I have attached **copies** (originals not required) of documents in support of my application (e.g. bank/credit card statements, letters of demand, current bills).
- ☐ I have an **entitlement** to payment instead of taking long service leave (e.g. have completed at least 10 years of continuous service).

I acknowledge that, if my application is approved:

- ☐ My long service leave entitlement balance will be reduced by the amount of hours/days/weeks I have requested to be paid to me and that I have no further claim to that entitlement.
- ☐ My payment instead of taking long service leave is calculated at the ordinary rate of pay and will be subject to appropriate taxation provisions. [For more information regarding how much you may be taxed, please contact the Australian Taxation Office – www.ato.gov.au].

To check your long service leave entitlement (including your eligibility to make this application), please speak with your employer.

If your portable long service leave is held by **QLeave**, please contact them on 1300 753 283 or www.qleave.qld.gov.au to check your entitlement.