



Form 14 – Application for proportionate payment of long service leave

Industrial Relations Act 2016, s 95, s 476

Industrial Relations (Tribunals) Rules 2011, r 150

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Information

- Use this form to apply for a **proportionate (pro-rata) payment of long service leave on the termination of your employment** (regardless of whether you are a State or National system employee – other than a seasonal employee).
- Use this form only if the total amount claimed is **\$100,000 or less**. For amounts over \$100,000, a claim may be filed with the Magistrates Court.
- For more information on recovering a proportionate payment of long service leave, please see the Wage Recovery section on the website www.qirc.qld.gov.au.
- Please note, legal representation is not permitted in this application.
- 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 further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Applicant:

v

Respondent:

If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

Application

This application is made to the Queensland Industrial Relations Commission, pursuant to s 95 of the *Industrial Relations Act 2016* for an order for payment of long service leave the applicant was entitled to on termination of employment.

1. Applicant/Former employee's details

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/ Employee:						
Name of contact person: [if Applicant is an organisation]						
Postal/Service address:						
	Suburb/Town				Postcode	
Phone number:			Mobile number:			
Email address:						

2. Former employee's details (if employee is not the 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 employee:						
Postal/Service address:						
	Suburb/Town				Postcode	
Phone number:			Mobile number:			
Email address:						

3. Applicant's representative [if applicable]

[Please note legal representation is not permitted. Please see s 530 of the *Industrial Relations Act 2016* regarding representation]

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

4. Respondent

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

5. Declaration.

I declare that no other application to a Magistrate for a claim, in accordance with s 379, s 386 or s 396 of the *Industrial Relations Act 2016*, has been made by or on behalf of the former employee for the same matter.

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6. Signature of Applicant/Former employee or representative

Signature:

Name:

Date:

7. Details of work performed by employee

7.1 Occupation
[and classification if applicable]

7.2 Was the former employee a trainee or apprentice?

☐

Yes

☐

No

7.3 Was the former employee an outworker?

☐

Yes

☐

No

7.4 Was the former employee under an order in accordance with s 140 of the Act (a labour market program) fixing remuneration and conditions applying to a vocational placement?

☐

Yes

☐

No

7.5 Was the former employee's employment covered by an industrial instrument (an award or agreement)?

☐

Yes

☐

No

If yes, name of industrial instrument:

7.6 Work performed or services provided

7.7 Place/location where work performed, or services provided

7.8 Period of employment

Date employment commenced:

Date of termination:

7.9 Reason for termination

7.10 Was the former employee's period of employment continuous

☐

Yes

☐

No

7.11 Employment status

☐

Full-time

☐

Part time

☐

Casual

☐

Fixed term

7.12 Total amount sought:
[Please complete Part 9, outlining the particulars of the amount sought]

\$

8. Grounds on which the application is made

Please outline, in consecutively numbered paragraphs, the grounds on which the application is made
[see s 95 of the *Industrial Relations Act 2016*]

Please attach a schedule if more room required

9. Particulars of proportionate long service leave amount payable

You must state details of the amounts payable in itemised form showing the dates the amounts claimed became payable, how each calculation was made, and the total amount claimed.

Date payable from:		Date payable to:	
Number of hours/days/weeks:		Rate per <input type="checkbox"/> Hour <input type="checkbox"/> Week:	\$
Total long service leave:			\$
Less amount paid:			\$
Total unpaid:			\$