



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

Industrial Relations Act 2016, section 110

Industrial Relations (Tribunals) Rules 2011, rule 149

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## Information

- Use this form to make an application for payment instead of taking long service leave.
- Please read this form carefully. Please 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 rejection of your form.
- Once this form has been processed the Industrial Registry will contact you and provide you with a sealed copy of the application.
- For information on completing the application see the EC Application Guide located on our website at [www.qirc.qld.gov.au](http://www.qirc.qld.gov.au)

**PLEASE NOTE:** Practice Note 1 of 2018 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

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

## 1. Applicant

Title: (please select)	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Mx <input type="radio"/> Other:		
Name of applicant:			
Postal address:			
	Suburb/Town	Postcode	
Phone number:		Fax number:	
Mobile:			
Email address:			
<b>Does the applicant have a representative?</b>			
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.			
<input type="radio"/> Yes - provide representative's details below and file a Form 33 or 34			
<input type="radio"/> No			

Signed:  
(deponent to sign)

Taken by:  
(person taking the affidavit to sign)

2. Applicant's representative			
Organisation:			
Name of contact person:			
Postal address:			
	Suburb/Town	Postcode	
Phone number:		Fax number:	
Mobile:			
Email address:			

3. Interested party (employer)			
The applicant must serve a copy of this application (without the attachments) on the employer.			
Name of employer:			
Name of contact person:			
Postal address:			
	Suburb/Town	Postcode	
Phone number:		Fax number:	
Mobile:			
Email address:			

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? (Please also complete schedule 1)		<input type="radio"/> Financial Hardship or <input type="radio"/> Compassionate	
3.4 What is the amount of Long Service Leave you are applying for?			
Hours:	Days:	Weeks:	Monetary Value:

Signed:  
(deponent to sign)

Taken by:  
(person taking the affidavit to sign)

Further, I            make oath and say            solemnly and sincerely affirm and declare

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.

<b>Signature of person making application:</b>	
<b>Signature:</b>	
<b>Name:</b>	
<b>Date:</b>	/ /

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

Certificate:

Pursuant to section 55 of the *Industrial (Tribunals) Rules 2011*

I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit.

I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit, but was physically incapable of signing it.

Signed:  
(deponent to sign)

Taken by:  
(person taking the affidavit to sign)

## 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).*

Add additional pages if required.