

Form 14 – Application for proportionate payment of long service leave

Industrial Relations Act 2016, sections 95 and 476
Industrial Relations (Tribunals) Rules 2011, rule 150



Information

- Use this form to apply for proportionate payment of your long service leave on the termination of your employment.
- 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 your form has been processed the Industrial Registry will contact you and provide you with a sealed copy of your application.
- Practice Direction 3 of 2021- 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.

NOTE TO RESPONDENT: if you wish to oppose this application you must attend before the commission in person or, if appropriate, by your agent at the time, date, and place fixed by the registrar or the clerk of the magistrates court. 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.

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

Applicant:	

v

Respondent:	

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

Application

This is an application to the Queensland Industrial Relations Commission, pursuant to section 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:	
Title: (please select)	Mr Mrs Ms Miss Mx Other:
Name:	
Postal address:	
	Suburb/Town Postcode
Phone number:	Fax number:
Mobile number:	
Email address:	

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

2. Applicant's representative

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

3. The Respondent

The applicant must serve a copy of this application on the respondent

Name of respondent:			
Name of contact person:			
Postal address:			
	Suburb/Town		Postcode
Phone number:		Fax number:	
Mobile number:			
Email address:			

4. Details of decision sought

1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)

5. Declaration

Further, I declare that: *(Select and complete all that apply)*

<input type="checkbox"/>	I am is was a trainee or apprentice.
<input type="checkbox"/>	I am not is not was not a trainee or apprentice.
<input type="checkbox"/>	I am is was under an order under section 140 of the Act fixing remuneration and conditions applying to vocational placement.
<input type="checkbox"/>	Neither I, nor to the best of my knowledge and belief, has any other person eligible to make application under section 476(2) of the Act in relation to myself the employee made an application under section 379 or 396 of the Act for the same matter.
<input type="checkbox"/>	The respondent, being an employer within the meaning of the <i>Industrial Relations Act 2016</i> employed me the employee at: <i>(place where employee was employed)</i>
<input type="checkbox"/>	as a: <i>(applicant or employee's occupation)</i>
<input type="checkbox"/>	and I the employee performed the following work: <i>(set out nature of work undertaken)</i>
<input type="checkbox"/>	I The former employee commenced employment with the employer on: <i>(day, month, year)</i> / /
<input type="checkbox"/>	I The former employee ceased employment with the employer on: <i>(day, month, year)</i> / /
<input type="checkbox"/>	I The former employee was employed for a continuous period of: <i>(years, weeks, days, hours)</i>
<input type="checkbox"/>	I The former employee terminated my their employment because of:
<input type="checkbox"/>	The respondent terminated my the former employee's employment on: <i>(day, month, year)</i> / /
<input type="checkbox"/>	for a reason other than the employee's conduct, capacity or performance, in that - see Schedule 1
<input type="checkbox"/>	the dismissal was unfair because – see Schedule 1
<input type="checkbox"/>	I The former employee was employed under the: <i>(name of industrial instrument or other basis for claim)</i>
<input type="checkbox"/>	I The former employee state/s that the amount payable and which remains unpaid by the respondent is \$
<input type="checkbox"/>	Full particulars of the amount are set out in Schedule 2 attached.

6. Signature of applicant or representative

Signature:	
Name in full (please print):	
Date:	/ /

Schedule 1 – Material Facts

(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) 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)

Schedule 2 – Particulars of amount payable

(schedule 2 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). 3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)