

FRONT PAGE - FOR OFFICE USE ONLY

Form90–Fair Work Claim

Fair Work Act 2009, Chapter 4, Part 4-1

Industrial Relations Act 2016, Chapter 11, Part 3, Division 4

Industrial Relations (Tribunals) Rules 2011, rules 123P, 123R



Matter No:



REGISTRY:
FILE NUMBER:



Information

- Use this form to make a claim in the Industrial Magistrates Court.
- 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.

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

Part B – Details of employer or outworker entity

6. Name of Respondent			
Name of contact person			
7. Postal address			
Suburb/Town		Postcode	
8. Phone number		Fax number	
Mobile number			
Email address			

Part C – if the applicant is an individual – details of representation if relevant (see s 530)

9. Organisation/Firm			
Name of contact person			
10. Postal address			
Suburb/Town		Postcode	
11. Phone number		Fax number	
Email address			

Part D – If the applicant is an industrial organisation – details of representation

12. Name of contact person			
13. Postal address			
Suburb/Town		Postcode	
14. Phone number		Fax number	
Email address			

Part E – Notices from the Court

15. Where do you want notices from the court sent?	<input type="checkbox"/> Address in 2
	<input type="checkbox"/> Organisation in 9-11
	<input type="checkbox"/> Address in 13-14
	<input type="checkbox"/> Other (<i>give details</i>)

Part F – Details of work performed by employee or outworker

16. Occupation	
17. Work or services performed	
18. Duties (<i>a brief summary of the employee or outworker's duties</i>)	
19. Classification level under applicable Modern Award, enterprise agreement, workplace determination or contract	
20. Place of work or services	
21. Period of employment or outworker contract	Date started work:
	Last date worked:
22. If the employee's employment or the outworker's contract was terminated, was a written notice of dismissal or termination given?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes – copy attached
23. Employment status	<input type="checkbox"/> Full time
	<input type="checkbox"/> Part time

Part F – Details of work performed by employee or outworker

	<input type="checkbox"/> Casual
	<input type="checkbox"/> Fixed term
	<input type="checkbox"/> Seasonal
	<input type="checkbox"/> Outworker

24. Hours of work	Did the employee or outworker work regular hours?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, complete the following

Day	Start Time (state am or pm)	Finish Time (state am or pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Part G – Contravention alleged

25. The applicant alleges that the employer or outworker entity has breached: (select one or more as appropriate)	<input type="checkbox"/> One of the <u>National Employment standards</u> (please specify the standard)
	<input type="checkbox"/> A term of a modern award (please specify the Modern Award and the relevant term)
	<input type="checkbox"/> An enterprise agreement (please specify the enterprise agreement and the relevant term)

	<input type="checkbox"/> A workplace determination (<i>please specify the determination and the relevant provision</i>)
	<input type="checkbox"/> A national minimum wage order (<i>please specify</i>)
	<input type="checkbox"/> an equal remuneration order (<i>please specify</i>)
	<input type="checkbox"/> A safety net contractual entitlement (<i>please specify</i>)
	<input type="checkbox"/> Other (<i>please specify</i>)

Part H – remedy sought

26. Tick the box for each sort of claim you are making and insert the amount claimed

<input type="checkbox"/> Wages:	\$
<input type="checkbox"/> Allowances:	\$
<input type="checkbox"/> Overtime rate:	\$
<input type="checkbox"/> Penalty rate:	\$
<input type="checkbox"/> Annual leave:	\$
<input type="checkbox"/> Personal/carer's leave:	\$
<input type="checkbox"/> compassionate leave:	\$
<input type="checkbox"/> Jury service:	\$
<input type="checkbox"/> Public holiday:	\$
<input type="checkbox"/> Redundancy pay:	\$
<input type="checkbox"/> Superannuation claim;	\$
<input type="checkbox"/> Other (please specify):	
Total:	\$
Less amount paid:	\$
Total Amount unpaid:	\$

27. To whom should any compensation be paid	
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Part I – details of claim

Describe the basis for the claim for each of the boxes ticked in question 26 and the method of calculation of the amount claimed (*attach an extra sheet if required*)

Signature of applicant or authorised representative

Signature	
Print Name	
Signed by	<input type="checkbox"/> applicant
	<input type="checkbox"/> authorised representative of the applicant
Date	