

Application for a Long Service Payment



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SECTION 1 TO BE COMPLETED BY EMPLOYEE CLAIMING ON OWN BEHALF OR BY THE PERSONAL REPRESENTATIVE OF A DECEASED EMPLOYEE. (USE BLOCK LETTERS)

Family Name _____ Given Name _____ Registration No: _____

Address _____ Date of Birth ____ / ____ / ____

_____ Post Code _____ Tel # Bus Hrs _____

If you are registered in another state, which states? _____ Registration No: _____

Payment will be made to a Bank Account please provide the following details: Registration No: _____

Bank Branch Number ____ / ____ A/c Number Registration No: _____

Bank Branch.....

Name of Account Tax File Number: ____ / ____ / ____

Tick appropriate boxes to show reason for claim.

A. I wish to apply for _____ weeks long service leave I will be taking leave from ____ / ____ / ____ to ____ / ____ / ____
 I am taking the payment only.

B. I am leaving the industry and wish to claim a termination payment. **Section 2 & 3 of this application must be completed.**
(Note: Claiming a pro-rata payment on termination with your employer means that you will break your service for long service purposes. Should you re-enter the construction industry your service will recommence from day 1).

C. I am the personal representative of a deceased employee claiming the entitlement. **Section 2 & 3 of this application must be completed.**
(Note: Supporting documentation will need to be provided, applicants must contact this office prior to submitting a claim and further information will be forwarded to the claimant).

SECTION 2 TO BE COMPLETED AND SIGNED BY THE EMPLOYEE OR THE PERSONAL REPRESENTATIVE

To avoid delay in processing your claim, **please ensure a current payslip is attached to this application.**

Tax will be deducted from the payment for Long Service Leave at the rate specified by the Australian Taxation Office. Ensure your tax file number is supplied, otherwise tax has to be deducted at a higher rate.

If you would like details of your payment prior to the payment being made, please tick the following box and a staff member will contact you with the relevant details. Please supply a daytime contact number above.

Payments are made by the Trustee on or about the 15th and 30th of each month. If this is not convenient please advise the date the payment is required below and we will endeavour to have your payment to you on that day or as close to as possible. Once your entitlement has been paid into your nominated bank account you will be forwarded details of the payment that was made along with a Taxation Payment Summary. You must retain this summary for Taxation purposes.

I require my long service leave payment to be made on: _____

Signature of employee or personal representative _____ Date: _____

Congratulations on reaching a Long Service Entitlement in the Tasmanian Construction Industry

Please circle one of the following sizes for your complimentary t-shirt: S M XXL

We apologise due to limited stock we only have the above sizes available.

If your t-shirt size is unavailable please tick here if you would like to receive a complimentary beanie.

SECTION 3 TO BE COMPLETED BY EMPLOYEE OR THE PERSONAL REPRESENTATIVE CLAIMING A PRO-RATA TERMINATION ENTITLEMENT

When claiming a pro-rata entitlement the reason for termination must fall within one of the following categories. You must indicate which reason, the statement must be completed by the applicant below and evidence provided where necessary: -

Tick appropriate box

The Rules below refer to changes to the scheme effective 1 January 2006. If service terminated prior to this date different Rules will apply.

Minimum 7 Years Required

Termination by the employer (other than for serious and wilful misconduct). *The date and reason for termination and details of your attempts to obtain relevant employment must be provided.*

Minimum 7 Years Required

You terminated your employment on account of a domestic or other pressing necessity. *The date of termination and specific details of the domestic or other pressing necessity that led to your termination must be provided.*

Minimum 7 Years Required

You terminated your employment on account of your illness or incapacity (of such a nature as to justify the termination), and the illness or incapacity has prevented you from engaging in relevant employment. *The date of termination must be provided along with a medical certificate indicating that: -*

- . *It was necessary for you to terminate on account of illness or incapacity; and*
- . *Your illness or incapacity has prevented you from engaging in relevant employment.*

Minimum 2 Years Required

Termination by either yourself or your employer on or after your attaining the age of retirement. *Date of termination must be provided along with proof of your retirement or your date of birth.*

Minimum 55 Days Required

You terminated your employment on account of your illness or incapacity (of such a nature as to justify the termination), and the illness or incapacity will **permanently** prevent you from engaging in relevant employment. *The date of termination must be provided along with a medical certificate indicating that: -*

- . *It was necessary for you to terminate on account of illness or incapacity; and*
- . *Your illness or incapacity **permanently** prevents you from engaging in relevant employment.*

Minimum 55 Days Required

Pro-rata application by a deceased employee's legal personal representative. *A claim may be made provided the deceased employee's last employment before the deceased's death was relevant employment. Supporting documentation will need to be provided. Applicants must contact this office prior to submitting a claim and further information will be forwarded to the claimant.*

NOTE: *If the reason for termination of employment resulted from: -*

- (a) *Retirement*
- (b) *Approved Early Retirement Scheme*
- (c) *Bona fide Redundancy*

Then additional information is required to be provided by the employee to determine the correct amount of withholding tax. Failure to provide supporting documentation will result in the payment being taxed at a higher rate.

I DECLARE THAT THE INFORMATION CONTAINED IN THE ABOVE STATEMENT OF PARTICULARS IS TRUE AND CORRECT. Please ensure Section 2 of this application is also signed.

SIGNED:

DATE: