



Portable long service leave

APPLICATION FOR BENEFIT PAYMENT

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PART 1 - TO BE COMPLETED BY THE WORKER (OR THEIR PERSONAL REPRESENTATIVE IF DECEASED)

REGISTRATION NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TAX FILE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SURNAME <input style="width:95%;" type="text"/>	GIVEN NAMES <input style="width:95%;" type="text"/>
MAILING ADDRESS <input style="width:98%;" type="text"/>	
SUBURB <input style="width:80%;" type="text"/>	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TELEPHONE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOBILE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

TICK TO INDICATE THE TYPE OF BENEFIT YOU WISH TO APPLY FOR -

1 I WISH TO APPLY FOR _____ DAYS (MIN 5 DAYS) LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____ - SEE PART 2

2 I CEASED EMPLOYMENT ON ____/____/____ AND NO LONGER CARRY OUT CONSTRUCTION WORK - SEE PART 2

3 I APPLY TO BE DEREGISTERED AND BE PAID MY LONG SERVICE LEAVE BENEFIT ON THE BASIS THAT I NO LONGER CARRY OUT CONSTRUCTION WORK

4 I APPLY TO BE DEREGISTERED AND BE PAID MY LONG SERVICE LEAVE BENEFIT ON THE BASIS THAT I AM RETIRING FROM THE WORK FORCE
(I UNDERSTAND THAT IF I CLAIM A BENEFIT ON DEREGISTRATION THAT I CANNOT BE RE-REGISTERED WITH NTT BUILD AS EITHER A WORKER OR CONTRACTOR, EXCEPT IN EXCEPTIONAL CIRCUMSTANCES)

5 I AM THE PERSONAL REPRESENTATIVE OF A DECEASED WORKER CLAIMING THE ENTITLEMENT
(PROOF OF DEATH OF WORKER AND PROOF OF AUTHORITY TO ACT AS PERSONAL REPRESENTATIVE MUST BE SUPPLIED)

PLEASE PROVIDE DETAILS OF EMPLOYMENT HISTORY IN THE NORTHERN TERRITORY SINCE YOUR LAST SERVICE STATEMENT

EMPLOYER TRADING NAME	PHONE NUMBER	START DATE	CEASE DATE

IF YOU ARE REGISTERED WITH ANOTHER CONSTRUCTION INDUSTRY LONG SERVICE LEAVE SCHEME, PLEASE PROVIDE YOUR INTERSTATE REGISTRATION NUMBER AND ACCRUED SERVICE CREDITS

INTERSTATE SCHEME	REGISTRATION NUMBER	ACCRUED SERVICE CREDITS
AUSTRALIAN CAPITAL TERRITORY		
NEW SOUTH WALES		
QUEENSLAND		
SOUTH AUSTRALIA		
TASMANIA		
VICTORIA		
WESTERN AUSTRALIA		

BANK ACCOUNT DETAILS

PLEASE PROVIDE BANK DETAILS BELOW - NT BUILD WILL PAY YOUR BENEFIT DIRECTLY INTO YOUR NOMINATED BANK ACCOUNT

ACCOUNT NAME <input style="width:95%;" type="text"/>	BANK NAME <input style="width:95%;" type="text"/>
BSB NUMBER <input style="width:20%;" type="text"/>	ACCOUNT NUMBER <input style="width:75%;" type="text"/>

DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.

SIGNATURE <input style="width:95%;" type="text"/>	DATE (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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PART 2 (FOR REASON 1 & 2 OF BENEFIT TYPE) TO BE COMPLETED BY THE EMPLOYER OF THE WORKER APPLYING FOR PAYMENT - CONTRACTORS DO NOT NEED TO COMPLETE THIS SECTION

EMPLOYER DETAILS

EMPLOYER'S TRADING NAME <input type="text"/>	EMPLOYER'S NT BUILD REGISTRATION NUMBER (IF KNOWN) <input type="text"/>	
MAILING ADDRESS <input type="text"/>	POSTCODE <input type="text"/>	
TELEPHONE <input type="text"/>	FACSIMILE <input type="text"/>	MOBILE <input type="text"/>
CONTACT PERSON FOR ENQUIRIES <input type="text"/>	EMAIL ADDRESS (CASE SENSITIVE) <input type="text"/>	

TICK TO INDICATE THE REASON FOR BENEFIT CLAIM -

1 THE ABOVE WORKER HAS BEEN GRANTED _____ DAYS LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____

2 THE ABOVE WORKER HAS BEEN TERMINATED ON ____/____/____ FOR THE FOLLOWING REASON BELOW:

RESIGNED RETIRED BONA-FIDE REDUNDANCY INVALIDITY APPROVED EARLY RETIREMENT SCHEME

EMPLOYER DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.	EMPLOYER SIGNATURE <input type="text"/>	DATE (DD/MM/YYYY) <input type="text"/>
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