

Contract Cleaning Industry (Portable Long Service Leave) Act 2005. This claim form is issued in accordance with Section 71 of the Act. Form CCI 7v10

1. WORKER DETAILS

QLeave registration number	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Date of birth
<input type="text"/>		<input type="text"/>
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Email	
<input type="text"/>	<input type="text"/>	

2. CLAIM DETAILS - Please select only one of the following claim types

<input type="checkbox"/> Taking leave (If you're making a 10 year long service leave claim, you must take unpaid leave with your employer)	First day of leave <input type="text"/>
	Last day of leave <input type="text"/>
	Enter number of leave days (minimum of five days and excludes weekends) <input type="text"/>
	Does this claim period include a public holiday for your regional show? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(for example, Cairns Annual Show)</i>
	<input type="checkbox"/> I understand I am unable to work as an employee while on long service leave
<input type="checkbox"/> Leaving the industry (This claim will cancel your QLeave registration)	Reason for leaving the industry: <input type="checkbox"/> Genuine redundancy <input type="checkbox"/> Invalidity <input type="checkbox"/> Approved early retirement <input type="checkbox"/> Standard (where none of the above apply) <input type="text"/>
<input type="checkbox"/> Personal representative (Please provide a copy of the death certificate, last will and testament or enduring power of attorney)	<input type="checkbox"/> I am authorised to act on behalf of the worker Your name <input type="text"/> Address <input type="text"/> Email <input type="text"/> Mobile <input type="text"/>

3. CURRENT/LAST EMPLOYER FOR WORK PERFORMED IN QUEENSLAND

Business name <input type="text"/>	How long have you worked for this employer? <input type="text"/>
Where is your work performed? <input type="text"/>	
<input type="checkbox"/> I am currently employed by the above employer OR <input type="checkbox"/> Last date worked for above employer was <input type="text"/>	
If you have more than one current employer please provide their details	
Business name <input type="text"/>	

4. INTERSTATE SCHEME *Additional processing time may apply to these claims*

Do you have interstate service you want to claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide your interstate registration number: NSW <input type="text"/>	ACT <input type="text"/>

5. TAXATION DETAILS

Tax file number

Do you want to claim the tax-free threshold for this payment? Yes No
(You can claim the tax-free threshold from only one payer at a time.)

6. BANK ACCOUNT PAYMENT DETAILS

BSB

Account number

Account name

7. SUPPORTING DOCUMENTS

You must provide documentation to support your claim. Required supporting documentation includes:

For taking leave and leaving the industry claims:

- a payslip OR
- a letter from your employer (on company letterhead) stating that they have not paid you for this long service leave claim

If you're a labour only subcontractor and can't supply one of the above, please provide:

- a tax invoice that shows your hourly rate of pay

Additional evidence required for leaving the industry claims:

- Approved early retirement scheme** - proof of your employer-devised early retirement scheme approved by the Commissioner of Taxation.
- Genuine redundancy** - a copy of your separation certificate citing redundancy as the reason for ending your employment.
- Invalidity** - certification from two qualified medical practitioners stating physical or mental incapacity has stopped you from continuing in the industry, forcing you to leave your employment early (before age 65).
- Standard** (where none of the above apply) - no additional proof required.

For personal representative claims:

- a copy of the death certificate OR last will and testament OR enduring power of attorney

Please note: we may require more documentation, that is not listed above, to process your claim. We'll contact you if we need more information.

8. DECLARATION

Penalties may apply for providing false or misleading information

For taking leave and leaving the industry claims

- I declare that: All information provided is true and correct
- I have not been paid for part/all of this long service leave claim by my employer
 - I have attached all documentation required for this claim

Signature

Date

For personal representative claims

- I declare that: All information provided is true and correct
- I have attached all proof/documentation required for this claim
 - I am authorised to act on behalf of the worker
 - this worker has not been paid for part/all of this long service leave claim by the employer

Personal representative

Signature

Date

Please return your completed form and supporting documentation to cci@qleave.qld.gov.au



**PORTABLE
LONG SERVICE
LEAVE**

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