

## Leave nomination form



**Contract cleaning and security workers must fill out this form if they elect to take long service leave through their employer or a portable long service leave scheme in another State/Territory (if applicable) that relates to a service period credited to them under the Portable Long Service Benefits Scheme.**

Information on this form is collected under the Privacy and Data Protection Act 2014. Before completing this form, you must read the privacy statement available at: <https://www.plsa.vic.gov.au/about-the-portable-long-service-authority/privacy-policy>

## **Section 1 – Select long service leave scheme**

Contract cleaning  Security

## Section 2 – Worker details

Name: \_\_\_\_\_

Worker ID:

Personal email address:

Phone number:

## Period of leave

### Section 3 – Declaration

I declare that:

- I am a registered active worker for the Scheme selected above
- I am eligible for long service leave benefits under two or more of the following:
  - the Portable Long Service Benefits Scheme;
  - the *Long Service Leave Act 2018*;
  - a portable long service leave scheme in other States or Territories; or
  - a contract of employment or a fair work instrument.

I am eligible for long service leave benefits and elect to claim my long service leave under the selected law or instrument (tick all that apply):

- Long Service Leave Act 2018 (Vic)
- a contract of employment
- a fair work instrument (awards, enterprise agreements, workplace determinations, and Fair Work Commission orders)
- a portable long service leave scheme in another State/Territory (please specify the relevant State/Territory Authority)

### Section 4 – Acknowledgement

I acknowledge that:

- This election applies to the specified period of leave only.
- I cannot claim portable long service and traditional long service for the same service period.
- The Portable Long Service Authority (the Authority) will remove service credits from the workers' register that relate to the nominated period of leave.
- My employer (or the corresponding scheme authority body) may apply to the Authority for reimbursement for any long service leave payment made to me under the law or instrument selected above.
- By signing this form, I acknowledge that I will not be eligible to claim portable long service leave benefits under the *Long Service Benefits Portability Act 2018* (Vic) for the period of leave specified in this form.

Signed by worker:

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Name

Date

***Employers must provide this form and supporting documentation (i.e. remittance advice, payslip etc) to make a claim for reimbursement. If you require assistance with this form, please contact the Authority at [claims@plsa.vic.gov.au](mailto:claims@plsa.vic.gov.au).***