

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

From:

To:

OR Termination date:

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:

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.