



# Agreement for Payment of Long Service Leave Entitlement

This form is to be used where an employer and worker agree to the employer making a payment to extinguish liability under the *Long Service Leave Act 1987* in accordance with Schedule 3, clause 7(6)-(7) of the *Portable Long Service Leave Act 2024*.

This agreement must be signed by both the employer and the worker, and be accompanied with documentation to confirm the amount and date *the payment was made to the worker*.

## Worker Details

Worker Reference Number *	First Name *	Middle Name (if applicable)	Last Name *
Date of Birth (dd/mm/yyyy) *	Email *	Mobile Phone *	Home Phone (if available)
Address *	Suburb *	State *	Postcode *

## Employer Details

Employer Reference Number *	Employer Name *
Authorised Approver's Name *	Authorised Approver's Role/Position *

*Please ensure the approver is one of the authorised contacts in SAPLSL-CS system.*

## Entitlement Details (For Service accrued up to 30 September 2025)

Start Date with Employer *	Months Accrued *	LSL Accrued (in Weeks) *
LSL Already Taken (in Weeks) *	LSL Remaining (in Weeks) *	Employer Liability Immediately before making Payment (in \$) *

*All numerical values must be provided to five (5) decimal places.*

## Payment Details (Details of Long Service Leave Extinguished)

Payment Date *	Weeks of Leave Paid *	Amount Paid (in \$) *
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*All numerical values must be provided to five (5) decimal places.*

## Agreement Statement

**Declaration \*** *Employer Name \**

We, the undersigned, hereby agree that confirm that  has made a payment to  *Worker Name \**

in the amount stated on this form to extinguish the employer's liability for long service leave under the *Long Service Leave Act 1987*. We have also attached supporting documentation to confirm the payment to this form.

Worker's Signature *	Date *
<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Authorised Approver's Signature *	Date *
<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>

Please email the completed form to: [claims@sapls-community.org.au](mailto:claims@sapls-community.org.au). If further information is required we will get in touch with you. For any enquiry please email to: [admin@sapls-community.org.au](mailto:admin@sapls-community.org.au) or call on: 08 8474 2400.