SA Portable Long Service Leave
Community Services

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.

Clear Form

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 *

Approver Name * | Approver Role/ Position *

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

Payment Details

Payment Date * | Start Date with Employer * | Worker Service (in Months) *

LSL Accrued (in Weeks) * | LSL Already Taken (in Weeks) * | LSL Remaining (in Weeks) * | Amount Paid (in $) *

Agreement Statement

Declaration *

We, the undersigned, hereby agree that *Employer Name* * has made a payment to *Applicant 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*. Supporting documentation to confirm the payment to this form.

Applicant Signature * | Date *

Approver Signature * | Date *

Please email the completed form to: ***claims@saplsl-community.org.au***. If further information is required we will get in touch with you. You can email to: *admin@saplsl-community.org.au* or call on: *08 8474 2400* for inquiring about progress of your claim.