



Guide to Completing the Long Service Leave Claim Form

Terms we use

Worker: An employee who, for the purpose of this form, is considered an eligible worker under the Portable Long Service Leave (PLSL) scheme.

Employer: An eligible entity that employs a worker covered by the PLSL scheme.

Worker/Employer Reference Number: A unique internal Reference Number for the PLSL scheme. The Worker Reference Number is personal, while the Employer Reference Number is public and available on the SAPLSL-CS website.

Termination: For the PLSL scheme, the ending of employment initiated by either the Worker or Employer, with the intention that the worker will not be employed in the Community Services sector within the next 12 months.

Australian Citizen for Taxation Purpose: A person treated as a resident for tax purposes, required to declare all income earned in Australia and overseas.

Gross Weekly Pay: The Worker's weekly pay before tax, calculated according to the definition of Ordinary Weekly Rate of Pay in the *Long Service Leave Act 1987*.

Worker Service: The amount of continuous service the Worker has had with the Employer, measured in months.

Employer Liability: The value of the long service leave entitlements accrued under the *Long Service Leave Act 1987*, calculated as on the day before registering with the PLSL scheme (in most cases 30 September 2025).

Salary Sacrifice: An arrangement where a Worker agrees to receive reduced take-home pay in exchange for pre-tax benefits or allowances provided by the Employer, reducing taxable income.

Authorised Contact: A person officially permitted to act on behalf of a person or an organisation, including making enquiries, submitting forms, or receiving information.

Total Calendar Days: All long service leave accrued is paid based on calendar days.

When and Who should use this form

Workers: This form may be used to apply for a long service leave payment when the online functionality through the Worker Portal is unavailable. Please note:

- Workers must have accrued at least 84 months (equivalent to 7 years) of service before lodging any claim.
- Workers must consult with their Employer before submitting the claim form.

Employers: Use this form to approve periods of long service leave requested by Workers and to provide additional information required for processing the payment. Required information includes Worker personal details, service and long service leave accrual, and information required to manage salary sacrifice obligations (if applicable).

How to use this form

Worker Details: Worker to enter their personal identification information exactly as provided during registration.

Claim Type: Worker to select one of the three claim types:

- Long Service Leave:** Worker to claim only after accruing 120 months of service. Long service leave must be claimed in full days with a minimum of 7 consecutive days. This is to be used where the worker intends to take leave from work.
- Cash Out Claim:** Worker to claim only after accruing 120 months of service. The amount of long service leave to be cashed out must be claimed in full days with a minimum of 7 days. To be used where the Worker wishes to receive a cash payment in lieu of leave.
- Termination Payment:** Worker to claim only when employment ends by the Worker or the Employer, and the Worker has accrued at least 84 months of service. By making this claim, the Worker confirms that they do not intend to return to employment in the Community Services sector within the next 12 months.

Banking and Taxation Details: The nominated bank account is required to be in the worker's name for payment. This can be a joint account.

Worker to provide their Tax File Number (TFN) and tax residency status. This information ensure the correct amount of tax is withheld. If the Worker opts not to provide their TFN, tax will be withheld at the maximum rate (47%). Note: For information on taxation, please refer to the Australian Taxation Office (ATO)

Employer Details: Worker to enter Employer details, including the Employer Reference Number which is available on the SAPLSL-CS website. Worker to indicate whether a Salary Sacrifice arrangement is in place. If unsure, Worker to confirm with their Employer.

Worker Declaration: Worker to confirm that the information provided is accurate and complete and consent to SAPLSL-CS using to process the claim.

Entitlement Calculation: Employer to provide Worker claim information as follows:

- Weekly Pay:** Employer to calculate the Worker's average weekly hours over the past three years and multiply by current ordinary hourly pay— in accordance with calculating the Ordinary Weekly Rate of Pay under the *Long Service Leave Act 1987*.
- Worker Service:** Employer to record continuous service in months from start date to the date the Worker was registered with SAPLSL-CS.
- LSL Accrued:** Employer to calculate weeks of long service leave accrued under the *Long Service Leave Act 1987* before registration with SAPLSL-CS. Long service leave should be accrued at a maximum rate of 1.3 weeks of leave per year completed.
- LSL Already Taken:** Employer to record any long service leave already taken before registration with the PLSL scheme.
- LSL Remaining:** Employer to calculate the balance of long service leave available. This should be equal to leave accrued minus leave taken.
- Employer Liability at the time of Claim:** Employer to calculate the amount that would be payable to the worker for long service leave on the day before the registration with the scheme. In most cases this will be 30 September 2025.

Salary Sacrifice Amount Calculation: Employer to provide details of any Salary Sacrifice arrangement including the amount and frequency. SAPLSL-CS will use this information to calculate the Salary Sacrifice deduction to be paid to the Employer.

Comments: Employer or Worker to record any additional relevant information not captured elsewhere in the form.

Employer Approval: Employer to ensure the authoriser is an authorised contact in the Employer Portal, and approves the form before submission to SAPLSL-CS for processing.

Things to consider

Worker and Employer: Please ensure all the information provided is accurate and up to date. SAPLSL-CS will use the information provided to verify and calculate within its CRM system. SAPLSL-CS are not able to process incomplete claims.

For any **Tax related question** SAPLSL-CS suggests you contact ATO directly or seek individual professional advice.

Please allow at least 3 weeks for claim processing. For any questions or assistance while completing the form or the claim lodgement please contact SAPLSL-CS by email: claims@sapls-community.org.au or call: 08 8474 2400 (Monday—Friday from 8:30AM - 4:30PM).



Long Service Leave Claim Form

This part of the form must be filled out by Worker and pass it to their Employer for approval

Please click on the '?' Symbol for help. If you need further help to fill out the form please get in touch with us.

Worker Details

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

Claim Type

What type of Claim do you want to make? *

☐ Long Service Leave First Day of Leave Date of Return to Work Total Calendar Days
Leave must be applied for in full days, with a minimum of 7 days.

☐ Cash Out Claim Number of Days of Leave Expected Day of Payment
Leave must be applied for in full days, with a minimum of 7 days. Please allow at least 3 Weeks for processing Cash Out Claim.

☐ Termination Payment Employment Cessation Date Termination Reason If Other
Last day of employment with Employer. (Not eligible when switching Employer). Please note by claiming a Termination Payment you are agreeing that you are leaving the community services sector and not intending to return to work in the sector within the next 12 months.

Banking & Taxation Details

BSB *	Account Number *
<input type="text"/>	<input type="text"/>
Account Name *	Bank Name *
<input type="text"/>	<input type="text"/>
Tax File Number	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> I am an Australian Citizen for taxation purposes *

Note: If you do not provide your Tax File Number, tax will be withheld at the maximum rate (47%)

How would you like the Claim paid out? *

Employer Details

Employer Reference *	Employer Name *
<input type="text"/>	<input type="text"/>
Do you have a Salary Sacrifice arrangement with your Employer? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want the Salary Sacrifice amount paid to your Employer? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Worker Declaration

Declaration *:

☐ I confirm that I am applying for this Claim and that all information provided is true, correct, and accurate to the best of my knowledge.

Applicant Name *	Applicant Signature *	Claim Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>



Long Service Leave Claim Form

This part of the form must be completed and approved by the Employer before submitting to SAPLSL-CS

Please click on the '?' Symbol for help. If you need further help to fill out the form please get in touch with us.

Entitlement Calculation (Employer Use Only)

Weekly Pay (Gross) * Start Date with Employer * Worker Service (in Months) *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Workers weekly pay should be calculated in accordance with the Long Service Leave Act 1987.

LSL Accrued (in Weeks) * LSL Already Taken (in Weeks) * LSL Remaining (in Weeks) * Employer Liability at the time of Claim (in \$) *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer liability should be calculated as on the day before registration.

Salary Sacrifice Amount Calculation if Applicable (Employer Use Only)

Salary Sacrifice Applicable? * Salary Sacrifice Amount * Frequency Amount Per: *

<input type="text"/> Yes <input type="text"/> No	<input type="text"/>	<input type="text"/>
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BSB * Account Number *

<input type="text"/>	<input type="text"/>
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Account Name *

Bank Name *

<input type="text"/>	<input type="text"/>
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Please provide Employer bank details for remitting salary sacrifice amount where applicable.

Comments

Any other comments?

Employer Approval (Employer Use Only)

Approver Name *

Approver Role/ Position *

<input type="text"/>	<input type="text"/>
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Approver Signature *

Approval Date *

<input type="text"/>	<input type="text"/>
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Please ensure the approver is one of the authorised contacts in the SAPLSL-CS system.