Long Service Leave Calculation Request Form



Contact Details	
Member Name: _	Membership No:
Preferred Email:	Preferred Phone No:
Would you like us to liaise with an alternate contact person (e.g. Practice Manager)?	
Contact Name:	
	Preferred Phone No:
Employee Service Information	
Employee Name:	Employee's Start Date:
(select one)	Employee planning to take LSL Date of leave: Ending employment Date of termination:
Has the employee had any breaks in employment that exceeded 2 months (per break) or any periods of unpaid leave?	
NO	
YES	If yes, please complete details of these breaks below.
Break 1	From: To: Reason:
Break 2	
Has the employee already taken any long service leave?	
. , NO	
	If yes, how many weeks? weeks (e.g. 4.66 weeks)
Employee Pay Inform	
How is the employee remunerated as per their contract of employment? (select one)	
Hourly Rate	\$ per hour pre-tax ordinary rate, excluding super
Annual Salary	\$ per annum pre-tax, excluding super
Does the employee have regular hours of work (excluding overtime/occasional additional hours)?	
YES	If yes, how many? hours per week
NO	If no, in the 12 months immediately prior to this calculation, what was the employees' average weekly earnings?
	\$ per week <i>pre-tax, excluding super</i>
In the 5 years immediately prior to this calculation, what was the employees average weekly earnings?	
	\$ per week pre-tax, excluding super
Has the employee received any other payments or benefits (e.g. commissions or bonuses) in the last 5 years?	
NO	
YES	If yes, what is the total dollar amount received? \$

To calculate our estimate, we rely on the accuracy of the information you provide in this form. If you would like further clarification or assistance completing the form, please do not hesitate to contact our Workplace Relations Team via email workplace@amansw.com.au or by calling 02 9439 8822.