

Contract Cleaning Industry (Portable Long Service Leave) Act 2005. This claim form is issued in accordance with Section 71 of the Act. Form CCI 7v6

1. WORKER DETAILS

Membership number **Z** _____

Family Name or Surname _____ Date of birth _____ | _____ | _____

Given Names _____ Home phone _____

Address _____ Mobile phone _____

_____ P/Code _____ Email _____

2. CLAIM DETAILS **Please only tick ONE claim type**

10 year long service

What is the first day of your leave period? _____ | _____ | _____

How many days of leave are you taking (excluding weekends)? _____

Will a regional show day fall in your work area during this time?
No Yes Name of work region _____

When do you want the payment made?
As soon as possible OR Delay payment until _____ | _____ | _____

OR

Permanently leaving the industry

(This claim will cancel your QLeave registration)

Reason for leaving the industry:
Bona fide redundancy* Invalidity* Approved early retirement* * Proof required

Other _____

OR

Personal representative

This must be completed by an authorised representative of the deceased worker

Your name _____

Address _____

_____ Phone _____

3. CURRENT/LAST EMPLOYER FOR WORK PERFORMED IN QUEENSLAND

Employer name _____ Employer number **C** _____
(if known)

I am currently employed by the above employer (Your employer must complete Section 7B)

OR last date worked for above employer was _____ | _____ | _____

Worker type (please tick one type) Cleaner Cleaner/Supervisor

3a. If you have more than one current employer please provide their details

Employer name _____ Employer number **C** _____
(if known)



4. INTERSTATE SCHEME Additional processing time may apply to these claims

Are you a member of an interstate Long Service Leave Authority? Yes No

If yes, provide the membership number: _____ State/Territory: _____

5. TAX DETAILS (not required for personal representative claim)

Tax file number _____

Do you want to claim the tax-free threshold for this payment?

Yes No (You can claim the tax-free threshold from only one payer at a time.)

6. BANK ACCOUNT PAYMENT DETAILS

Bank _____

Account name _____

BSB ____ - ____ Account No. _____

7. CERTIFICATION Penalties may apply for providing false or misleading information

For 10 year long service leave and leaving the industry claims:

I certify that all information provided is true and correct
I have not been paid for part/all of this long service leave claim by the employer
I have attached all proof/documentation required for this claim
I understand that some claim information may be provided to my employer

Worker signature _____ Date ____ | ____ | ____

If you are lodging your form electronically, type your name in the signature field.

For personal representative claims

I certify that all information provided is true and correct
I have attached a death certificate and all proof/documentation required for this claim
I am authorised to act on behalf of the deceased worker
this worker has not been paid for part/all of this long service leave claim by the employer

Personal representative

Signature _____ Date ____ | ____ | ____

If you are lodging your form electronically, type your name in the signature field.

[Click here to LODGE YOUR LONG SERVICE CLAIM with QLeave](#)



**PORTABLE
LONG SERVICE
LEAVE**

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