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| **CASHING OUT LONG SERVICE LEAVE APPLICATION FORM** |

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

This form is to be used by eligible staff members to apply for payment in lieu of Long Service Leave.

The University recommends staff seek independent financial advice.

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone:  Title: Family name: Given names (in full): |

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| **CASHING OUT OF LONG SERVICE LEAVE REQUEST** |
| I would like to request that the following amount, in full-time equivalent (FTE) days, of my Long Service Leave entitlement to be paid to me in cash:  **Number of days to be paid: \_\_ \_\_ Long Service Leave working days (specify hours if part time  \_ \_ \_.\_ \_ hours) \***  *\* Cashing out of long service leave will be processed in the next available pay period and the cash payment will be taxed at the applicable rates.*  **I confirm that I have:**  an entitlement to at least sixty five (65) days of Long Service Leave;  not applied for payment in lieu of Long Service Leave more than twice in this calendar year; and  not exceeded the thirty (30) day maximum for payment in lieu of Long Service Leave in this calendar year.  **I acknowledge that:**  my Long Service Leave entitlement balance will be reduced by the amount of days I have requested to be paid to me in cash and that I have no further claim to that entitlement;  my payment in lieu of Long Service Leave will be calculated at the ordinary rate of pay applicable immediately before the payment is made; and  I have taken / not taken independent financial advice. |

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| **AUTHORISATION** |
| **Staff Member**  **Signature:**  **Date:** |
| **AUTHORISATION (SIGNATURE REQUIRED)** |
| **Head of School**  **Name (please print) .**  **Signature: Date:** |