

IN-SERVICE LEAVE APPLICATION

1. Employee details (to be completed by employee)

Surname	<input type="text"/>	First name(s)	<input type="text"/>
Date of birth	<input type="text"/>	LSL number	<input type="text"/>
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email	<input type="text"/>		

2. Long service leave hours requested (to be completed by employee)

Period of leave*: Start date / / End date / /

*Minimum 14 continuous calendar days must be requested.

Number of ordinary hours*

*Ordinary hours agreed to by employer and employee. For more information about ordinary hours and periods of leave, please refer to our How To guide.

3. Employee acknowledgement

I understand that my employer may alter my leave dates and hours requested to confirm accuracy with the roster in which I am employed.

Employee signature Date

4. Employer details (MUST be completed and signed by an authorised contact)

Employer name

Employer ID Date

I understand ANY changes made to the application after approval may result in cancellation and return of funds paid.

Contact name Contact signature

Employer email

Return email address: leave@coallsl.com.au

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