



IN-SERVICE LEAVE APPLICATION

1. Employee details (to be completed by employee)

Surname _____ First name(s) _____
Date of birth _____ LSL number _____
Postal address _____
Suburb _____ State _____ Postcode _____
Email _____ Phone _____

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 _____

The authorised contact email address provided must be registered with Coal LSL.

Forms must be submitted by an employer authorised contact. Coal LSL cannot accept forms from employees.

Return email address: leave@coallsl.com.au

Privacy Statement: Personal information collected by Coal LSL is protected by the Privacy Act 1988. Our privacy policy is available at coallsl.com.au

T 1300 852 625 ABN 12 039 670 644 coallsl.com.au

IT'S YOUR TIME.