



ENTITLEMENT APPLICATION

*This form is for an employer to grant leave entitlement payment for a deceased employee.
All fields mandatory.*

1. DETAILS OF DECEASED EMPLOYEE

LSL number

Surname

First name

Date of birth

Date of death

Copy of Death Certificate attached

Last known address

Suburb

State

Postcode

2. EMPLOYER DETAILS

Employer name

Employer ID

Employer signature

Date

Submit form online via [Online Services](#)