



## ENTITLEMENT APPLICATION

*This form is for an employer to grant leave entitlement payment for a deceased employee.  
All fields mandatory. To be completed and submitted by an Authorised Contact only.*

### 1. Details of deceased employee

Surname	<input type="text"/>	First name/s	<input type="text"/>
Date of birth	<input type="text"/>	LSL number (if known)	<input type="text"/>
Date of death	<input type="text"/>	Copy of Death Certificate attached	<input type="checkbox"/>
Last known address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		P/code	<input type="text"/>

### 2. Employer details

Employer name	<input type="text"/>	Employer ID	<input type="text"/>
Employer email	<input type="text"/>		
Employer's signature	<input type="text"/>	Date	<input type="text"/>

Return email address: [leave@coallsl.com.au](mailto:leave@coallsl.com.au)

#### Privacy Statement

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