



ENTITLEMENT APPLICATION

This form is for an employer to grant leave entitlement payment for a deceased employee.

All fields are mandatory and **must be completed** by the employer.

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
Employer Use ONLY	
2. EMPLOYER DETAILS	
Employer name	
Employer ID	
Submit form online via <u>Online Services</u>	

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