

CESSATION 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. Hours requested and employment cessation details (to be completed by employee)

Hours requested*:

Date employment ceased: -- / -- /----

*Select ONE.

Total entitlement

Specific hours: _____

Reason for cessation*:

*Enter ONE code.

- 01 – Retirement
- 02 – Ill Health/Incapacity
- 04 – Redundancy
- 05 – Resignation/End of Contract
- 06 – Dismissal

3. Employee acknowledgement

I understand that my employer may alter my cessation date or reason for cessation to confirm accuracy.

Employee signature Date

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

Employer name	<input type="text"/>		
Employer ID	<input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> I have advised Coal LSL of all known Leave Without Pay periods until the date of cessation. I understand ANY changes made to the application after approval may result in cancellation and return of funds paid.			
Contact name	<input type="text"/>	Contact signature	<input type="text"/>
Employer email	<input type="text"/>		

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 www.coallsl.com.au.