



CESSATION APPLICATION

All fields mandatory.

1. Employee details (to be completed by employee)

Surname First name/s

Date of birth LSL number

Postal address

State Postcode Email

2. Employment cessation details

Date ceased

Cessation code Cessation codes: 01 - Retirement, 02 - Ill Health/Incapacity, 04 - Redundancy, 05 - Resignation/End of Contract, 06 - Dismissal

3. LSL hours requested (please complete one)

Hours requested hours **OR** Total hours

Employee's signature Date

4. Employer details (to be completed by an authorised officer)

Employer name Employer ID

Employer email

Employer's signature Date

Return email address: leave@coallsl.com.au

Privacy Statement

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