



CESSATION APPLICATION

1. Employee details (to be completed by employee)

Surname _____ First name(s) _____
Date of birth _____ LSL Number _____
Postal address _____
Suburb _____ State _____ Postcode _____
Email _____ Phone _____

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

Hours requested*: _____ Date employment ceased: _____
**Select ONE.*

Total entitlement _____ Reason for cessation*: _____
Specific hours: _____ **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)

In accordance with section 39AC of the *Coal Mining Industry (Long Service Leave) Administration Act 1992*, the cessation payment must be paid to the employee within 30 days of receipt of this application

Employer name _____

Employer ID _____ Date _____

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 _____ Contact signature _____

Employer email _____

The authorised contact email address provided must be registered with Coal LSL.

Forms must be submitted by an employer authorised contact. Coal LSL cannot accept forms from employees.

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 coallsl.com.au

T 1300 852 625 ABN 12 039 670 644 coallsl.com.au

IT'S YOUR TIME.