



CESSATION APPLICATION

1. EMPLOYEE DETAILS (to be completed by employee)

LSL number	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

2. HOURS REQUESTED AND EMPLOYMENT CESSATION DETAILS (to be completed by employee)

Hours requested (please select one)

Total entitlement Specific hours:

Reason for cessation

Date employment ceased Reason

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

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

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

Submit form online via [Online Services](#)