



## 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

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)

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

**Return email address:** [leave@coallsl.com.au](mailto:leave@coallsl.com.au)

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