# **CoINVEST Employer Claim - Long Service Leave Reimbursement**



***CoINVEST is only able to reimburse employers after the Long Service Leave has been paid to the worker.***

***In order for a reimbursement to proceed, proof that the long service leave payment has been made is required.***

***Copies of the payslips or other documentary evidence confirming the payment is required to be submitted to CoINVEST.***

***CoINVEST also requests identification information of the worker and employer***

***to ensure our records are up to date for all future correspondence.***

**Employer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| *Company Name* |  | | |
| *Registration No.* |  |  |  |
| *Address* |  | | |
|  |  | *Postcode* |  |

**Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* |  | *Telephone* |  |
| *Email* |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Worker Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Name* |  | | | | | |
| *Registration No* |  | |  | |  | |
| *Date of Birth* | |  |
| *Address* | |  | |
|  | |  | *Postcode* |  | | |
|  | |  |  |  | |
| *Telephone* | |  | *Mobile* |  | | |

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Is the Worker a member of any other Building and Construction Industry Long Service Leave Schemes?

YES  NO

If YES, please complete Membership Numbers

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NSW |  | ACT |  | WA |  | NT |  |
| QLD |  | TAS |  | SA |  |  |  |

Worker Type  Employee (PAYG)  Working Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment details**

*Start Date of Employment:* */**/*

*Has the employment been terminated?* YES  NO

If YES, what is the termination date?      /     /

*If NO, what is the period of leave? From*      /     /      *to*      /     /

*If the worker is deceased please give the date of death.*      /     /

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**Long Service Leave Payment Details**

*What weekly rate of pay was used to calculate the payment? $     .00 / wk*

*What was the GROSS amount paid? $      .00*

*How many weeks or days Long Service Leave were paid?       weeks &      days.*

*On what date was the payment made?*      /     /     

*What type of work does/did the worker perform for the stated rate of pay?*

*What was the annual accrual rate of Long Service Leave for this payment?*  0.866 weeks per annum  1.30 weeks per annum Other (please specify)

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**Employer Declaration**

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|  |  |  |  |
| --- | --- | --- | --- |
| *I,*        *certify that the information provided is true and correct.* | | | |
| *Title* |  | *Date* | /     / |