

## Long Service Leave Fund Leave Payment Request Form

This should be filled out by an authorised representative of the church or organisation. Refer to the Long

	Service Leave Progr	am Rules fo	r leave payn	nent eligibility crite	eria.	
1	Member name					
	Include title, name and surname					
2	Church or organisation name					
3	Date of membership					
	commencement					
4	Is the member retiring or	☐ Yes				
	leaving ministry? i.e. payment		nto the declar	ation at the end		
	of full Long Service Leave					
	entitlement	□ No				
		Move or	nto question 5	i		
5	Indicate the Long Service Leave		4			
	amount that	Amou	nt	\$		
	the member wishes to take:	711100	110	Ψ		
	the member wience to take.	Please note				
			="	nade 2 weeks prior to	lagua gammana	ina
		leave commend	ing			
6	Bank account details that the					
U	payment should be made into	Accou	nt name			
	payment should be made into	BSB	III Hallie			
		Accou	nt number			
			that funds wi church or org	ll only be released t ganisation.	o an account i	n the
7	Contact details for authorised					
	representative below	Name				
		Position				
			address			
			number			
8	Payment of LSL			uments form part o	of arose earnin	ne and
U	ayment of LSL	We are aware that LSL payments form part of gross earnings and therefore must be processed through payroll systems and included				
		in mandatory STP reporting to the ATO.				
		iii iiiaiiaatoi	y O II Toporu	ing to the 7th o.		
	I.	ı				
	avel.					
hbro	oval:					
By church or organisation			By member			
I confirm:			I authorise the above amount to be paid by the above			
•	That I am an authorised represen	tative of the	church or organisation from my Long Service Leav		Leave	
	church or organisation.		account:			
·	<u>-</u>		<u> </u>			
Signed			Signed			

Name and date

Once completed, please email to <a href="mailto:finance@nswactbaptists.org.au">finance@nswactbaptists.org.au</a>

Name and position and date