



MOP(S) ACT EMPLOYEES

LONG SERVICE LEAVE APPLICATION

<p>Options for returning your completed form Scan and Email to: MOPSPay&Conditions@finance.gov.au Ministerial and Parliamentary Services</p>	<p>Enquiries: Ministerial and Parliamentary Services Email: mpshelp@finance.gov.au Phone: (02) 6215 3333</p>
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EMPLOYEE DETAILS ▶ Full name

EMPLOYER DETAILS ▶ Employer name
▶ Employer state

LEAVE DETAILS

▶ Period of long service leave From to

▶ Leave to be taken from
 Full-time service entitlement ▶ From to
 Part-time service entitlement ▶ From to

▶ Rate of pay
 Full pay ▶ From to
 Half pay ▶ From to

▶ Is prepayment required? No Yes

▶ Address while on long service leave
Postcode

▶ Telephone number

▶ Reason for taking long service leave (this is optional)

SIGNATURES

▶ By signing this form, I acknowledge that:

- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- I have read and understood the Privacy Collection Notice (see below).
- I understand that I am prohibited from engaging in employment during long service leave without the express permission of my employer.

Signature of Employee Date

▶ Long service leave is: Approved Not approved ▶ Give reasons

Signature of Employer or Authorised Person Date

Name (if authorised person)

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OFFICE USE ONLY	chris21 pay <input type="text"/>	Initials & date entered <input type="text"/>	Initials & date checked <input type="text"/>
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