

Missing Service Claim Form

Please ensure all relevant sections of the Missing Service Claim Form are complete and required evidence attached before sending to enquiries@plsa.vic.gov.au

The Portable Long Service Authority collects your personal and other information to determine eligibility for entitlements under the Long Service Benefits Portability Act 2018 (VIC) ("the Act"). If you do not provide the information, the Authority may not be able to make decisions about your portable long service entitlements under the Act. By completing and submitting this form you agree that we will process your data in line with our privacy policy. For further information about how the authority handles your personal information, please see the Authority's Privacy Policy at <https://www.vic.gov.au/portable-long-service-authority/about-the-portable-long-service-authority/privacy-policy>

Section 1 – Select long service leave scheme

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Community services | <input type="checkbox"/> Contract cleaning | <input type="checkbox"/> Security |
|---|--|-----------------------------------|

Section 2 – Worker details

| | |
|---|---|
| Full name: | Date of birth: |
| Address: | |
| Worker ID (M number): M | Contact number: |
| Email address: | |
| What has prompted you to submit this missing service claim? | <input type="checkbox"/> After viewing my entitlements on the portal |
| | <input type="checkbox"/> After receiving my deregistration warning letter |
| | <input type="checkbox"/> I am claiming long service leave |
| | <input type="checkbox"/> Other (please specify) |

Section 3 – Employment details (please list all employers you are missing service from. If it is more than 3 employers, please complete an additional Missing Service Claim form)

| | |
|---|--|
| Name of employer: | Trading/business name: |
| Street address: | |
| Contact number: | ABN: |
| Period of employment: | From: To: |
| Position title: | Work Type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual |
| Duties performed: (please attach your position description) | |

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| Employer 2 | |
|---|--|
| Name of employer: | Trading name: |
| Street address: | |
| Contact number: | ABN: |
| Period of employment: | From: To: |
| Position title: | Work Type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual |
| Duties performed: (please attach your position description) | |
| Employer 3 | |
| Name of employer: | Trading name: |
| Street address: | |
| Contact number: | ABN: |
| Period of employment: | From: To: |
| Position title: | Work Type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual |
| Duties performed: (please attach your position description) | |

| Section 4 – Proof of employment (please attach at least one proof of employment document) | |
|--|--|
| <input type="checkbox"/> PAYG payment summaries for the periods of employment you are claiming missing | <input type="checkbox"/> Payroll slips for the period you are claiming missing service |
| <input type="checkbox"/> Employment contract | <input type="checkbox"/> Employment separation certificates (if applicable) |
| <input type="checkbox"/> Other (please detail): | |

| Section 5 – Worker declaration | |
|--|----------------|
| I declare that information I have given is true and correct: | |
| Signed by: | |
| _____ | ____/____/____ |
| Name | Date |