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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claimant details and acknowledgement (person making complaint) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | | | |  | | | | | | | | | | Last name | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Residential address | | | |  | | | | | | | | | | Postal address | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Daytime phone | | | | |  | | | | | | | | | Home phone | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Mobile | |  | | | | | | | | | | | | Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| I request the Office of the Commissioner for Public Employment (OCPE) to investigate any entitlements I may have under the *Northern Territory Long Service Leave Act 1981* (‘the Act’) whilst I was employed by the employer as outlined in Section 2 of this form.  I acknowledge that the findings of this investigation is only to determine the OCPE’s view of my long service leave entitlements, it is not to provide any directions or deliver any rulings. If I wish to pursue further, I am responsible for either lodging a small claim with the Northern Territory Civil and Administrative Tribunal or the engagement of a lawyer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y/N | | | |
| Employer details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer trading name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer ABN or ACN | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | | | |  | | | | | | | | | | | Postal address | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Name of manager | | | | | |  | | | | | | | | | | Daytime phone | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mobile | |  | | | | | | | | | | | | | | Email | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employment details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The job title of the last or current position held with this employer | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief description of duties done while in position** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date started** | | | | | | |  | | | | | | Date finished (if applicable) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Did you have a written contract of employment?** If yes, attach copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | | |
| **Did you keep a record of the hours you worked?** If yes, attach a copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | | |
| **Your employment status.** Mark with an ‘X’ which applies | | | | | | | | | | | Full-time | | | | | |  | | | Part-time | | | | | | | |  | | | | | Casual basis | | | | | |  | | |
| **How many hours per week did you work?** Not including overtime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **What is/was your gross wage?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How frequently were you paid?** Mark with an ‘X’ which applies | | | | | | | | | Weekly | | |  | | Fortnightly | | | | | | |  | | | | Monthly | | | | | | | | |  | Other | | | | |  | |
| **Did you have any period(s) of leave/absence which was unpaid?** If yes, provide dates below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you have any period(s) of absence due to workers compensation?  If yes, provide dates below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any statement of earnings/pay slips/time sheets?** If yes, please attach copies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who terminated your employment? Mark with an ‘X’ which applies | | | | | | | | | | | | | | | | | | | | | | | You | | | | | |  | | | | Your employer | | | | | | | |  |
| Was notice given? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| **What reason was given for the termination of your employment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you taken any period(s) long service before terminating your employment?** If yes, please provide dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you received any payments of long service leave upon finishing your employment?  If yes, please attach a copy of your final pay slip if you have one and any other details regarding payments you have received for long service leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | |
| Are you covered by an award that was in operation before 1 January 2010 that covered your employment and that may provide for long service leave? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | |
| If yes, which award? Attach a copy. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you covered by an enterprise bargaining agreement, collective agreement, union collective agreement, Australian workplace agreement, or an individual transitional employment agreement that came into operation before 1 January 2010 and continues to cover your employment that provides for long service leave? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | Don’t know | | | | | |
| If yes, which agreement? Attach a copy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| Other comments/information. If more space is needed, attach as a separate document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorisation to investigate complaint | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the details I have provided are correct to the best of my knowledge.  I further authorise the Office of the Commissioner for Public Employment to release any of the above information and any information they gather in the course of their investigation to a person or persons they consider relevant to this matter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | | | | | |
| Witness details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | | | | |  | | | | | | | | | | | | | | Last name | | | | | | | |  | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | | | | | |
| Collection notice When collecting personal information, you must include a collection notice here.  This helps you meet your obligations under the Information Privacy Principles (IPPs) in the *Information Act 2002*[[1]](#footnote-1). Read more on NTG Central[[2]](#footnote-2). Further information Email your completed form to [enquiries.ocpe@nt.gov.au](mailto:enquiries.ocpe@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002> [↑](#footnote-ref-1)
2. <https://ntgcentral.nt.gov.au/forms-collection-notice> [↑](#footnote-ref-2)