

Employer Application for Reimbursement of Member Entitlement

ALL Sections must be completed.

Long Service Leave:	Pro Rata Full Entitlement	Employment Status:	Permanent Sub-contractor
Reason for claim:	LSL Taken - leave period from	to	(inclusive)
	Retirement (enter date below ⁺)		
	Termination/Resignation (enter date below ⁺)		

EMPLOYER DETAILS

Name of Employer:	
SEET Employer Number:	
Name of Employer's Authorised Signatory:	
Signature and Date:	

Note: Employer <u>must</u> sign and date acknowledging that payment has been made to the member prior to seeking reimbursement.

SEET Member Number:			
Name of Member:			
Address:			
Suburb:	State:	Postcode:	
Email Address:			
Date of Birth:			
Phone Number:			
Mobile Number:			
Signature and Date:			

MEMBER'S DETAILS

Note: Member must sign and date to confirming that payment has been received, authorising SEET to release the funds to

employer. DETAILS OF REIMBURSEMENT TO EMPLOYER

Start Date of Member:	Termination Date [†] : (if applicable)	
Amount to be reimbursed*: (i.e. payment to member + tax deducted)	Date of Payment:	
Employer's Account Name:		
BSB:	Account Number:	

* up to the available balance of funds held by SEET for the member.

Please return completed and signed form to SEET along with proof of LSL payment to the member

- a payslip for a full time employee or an invoice and remittance advice for sub-contractors clearly showing Long Service Leave component by post or email to mail@seet.com.au.