

Application for Long Service Leave

Part 1 – to be completed by Member

I hereby make application for Long Service Leave in accordance with the details set out below:

Name in Full:	
Phone:	
Email:	
Commencing date of leave:	
Duration of leave: <i>(in weeks)</i>	
*Amount required: <i>(before tax)</i>	
Signature of Member:	
Date:	

Part 2 – to be completed by Secretary or Treasurer of Church/Agency

Applicant's present weekly salary OR
Present weekly salary and allowances: *\$

* Amount to be relative to the result of multiplying the number of weeks leave by present salary and allowances.

Signature:	
Position:	
Date:	

Part 3 – Payment Details *(usually to the employing Church/Agency)*

Pay direct to bank account

Name of account:			
BSB Number (a 6 digit number):		Account Number:	

Part 4 – For MEBS Administration use only

Payment authorised:	
Date forwarded:	

RETURN TO: The Secretary, MEBS
PO Box 469 KENMORE Qld 4069
Telephone: (07) 3327 1628 Fax (07) 3378 1334

A copy of our Privacy Policy is available on request.