

## 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:	
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)*

**Option 1:**  Pay direct to bank account

Name of account:

BSB Number (a 6 digit number):

Account Number:

**Option 2:**  Pay by Cheque

Payable to:

### 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.