**Form 1. Former employer’s records in relation to employee**

This form is approved in accordance with regulation 25 of the *Local Government (Long Service Leave) Regulations 2024*.

This form only relates to information about ***employees*** and ***employers*** as defined in regulation 4.

This form is to be completed by the former employer that employed the relevant employee immediately prior to the employee’s current employment. Once the form is completed by the former employer, the form is to be provided to the employee’s current new employer.

This form provides information to a new employer to determine the relevant employee’s reckonable service, long service leave entitlement, and a former employer’s contribution towards cost of benefit in accordance with regulation 23.

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| **Part 1: Preliminary information** | | | | |
| Name of employee: | |  | | |
| Name of new employer: | |  | | |
| Date employee commencement employment with new employer: | |  | | |
| Name of former employer: | |  | | |
| Contact details for former employer | | Name of contact person: |  | |
| Email: |  | |
| Phone number: |  | |
| **Part 2: Information to assist with determining whether reckonable service is continuous** | | | | |
| **Q1** | On termination of employment, did the former employer make a payment to the employee under regulation 21? | Yes | *Proceed to Part 9.* 1 | |
| No | *Proceed to Q2.* | |
| **Q2** | Is the commencement date with the new employer within 4 weeks of termination of employment from the former employer? | Yes | *Proceed to Part 3.* | |
| No | *Proceed to Q3.* | |
| **Q3** | On termination of employment, did the former employer pay the employee more than 4 weeks of accrued but not taken annual leave? | Yes | *Proceed to Q4.* | |
| No | *Proceed to Part 9.* 1 | |
| **Q4** | Number of weeks annual leave paid out: |  | *Proceed to Q5.* | |
| **Q5** | Is the commencement date with the new employer within the number of weeks of paid out annual leave stated above on termination of employment from the former employer? | Yes | *Proceed to Part 3.* | |
| No | *Proceed to Part 9.* 1 | |
| **Part 3: Information to assist with determining length of reckonable service** | | | | |
| Employee’s commencement date with the new employer: | |  | | |
| Employee’s termination date with the former employer: | |  | | |
| Periods while employed with the former employer that count towards the length of reckonable service: 2 | |  | | |
| Period of reckonable service employee completed with the former employer  (in completed weeks): 3 | |  | | |
| Did the employee complete reckonable service with other former employer(s) that is continuous with the service of the former employer completing this form? 4 | | Yes | | |
| No | | |
| **Part 4: Further information to assist with determining number of weeks of long service leave the employee may be entitled to** | | | | |
| Number of weeks of advance leave accessed by the employee while employed with the former employer: | |  | | |
| **Part 5: Information to assist with determining the ordinary pay for a week of long service leave** | | | | |
| Average number of weekly hours worked (exclusive of overtime) by the employee during their reckonable service with the former employer: | |  | | |
| **Part 6: Information to assist with determining former employer’s contribution** | | | | |
| The employee’s ordinary pay for a week immediately before termination of employment with the former employer: | |  | | |
| **Part 7: Additional information** | | | | |
| The following document(s) are attached (if available):   * a copy of document(s) for the employee that have been provided to the former employer in accordance with a request under regulations 24(2)(c) or 25(2) (which includes this form) * a copy of document(s) provided to the former employer in accordance with a request under regulation 11(2) of the *Local Government (Long Service Leave) Regulations* of 1977. | | | Attached | |
| Not applicable | |
| **Part 8: Other employers** | | | | |
| *Only complete Part 8 if the employee completed reckonable service with other former employer(s) that is continuous with the service of the former employer completing this form (see Part 3).* 4 | | | | |
| Name(s) of other former employer(s): | |  | | |
| Commencement date(s): | |  | | |
| Termination date(s): | |  | | |
| Length of reckonable service with other former employer(s): | |  | | |
| Average number of ordinary hours worked each week in period(s) that count towards the length of reckonable service with other former employer(s): | |  | | |
| Ordinary pay for a week immediately before termination of employment from other former employer(s): | |  | | |
| Total length of reckonable service with other former employer(s) at time of termination: | |  | | |
| **Part 9: Confirmation** | | | | |
| I confirm, acting for the former employer, that the information provided on this form is true and accurate based upon the former employer’s records. | | | | |
| Full name: | |  | | |
| Occupation/title: | |  | | |
| Signature: | |  | Date: |  |

***Notes to Form 1***

1. ***Length of reckonable service resets to zero***

*The length of reckonable service with new/current employment resets to zero upon commencement of employment (see regulation 9(d)(i)).*

1. ***Measuring reckonable service***

*See regulations 8 and 9 for how to measure a continuous period of the employee’s employment.*

1. ***Relevance to formula***

*For the former employer completing this form, this may be value “S” in the formula set out in regulation 23(4).*

1. ***Former employer***

*See regulation 25(1) for the definition of a “former employer”.*