

Construction Industry Portable Sick Leave Scheme

Details of Employee Termination
after 1 April 1997

Employer to complete all sections and fax to Incolink on **03 9639 1366**

Terminated from

Name of Company _____

Incolink Employer Member No. _____

Personal Details

Employee Name _____

Current Address _____

Suburb _____

Post Code

Date of Birth / / _____

Incolink Employee Member No. _____

Employee's Trade _____

Sick Leave Entitlement Details

Date of Commencement of Employment / / _____

Date of Termination of Employment / / _____

The commencement and termination dates are important, as they enable Incolink to work out what sick days have been allocated for 12 months in advance (ie: the anniversary dates as per the Employee's award entitlement). **No employee is entitled to more than 10 days sick leave in one year.**

Actual number of sick days taken (not hours) during the Employee's employment or paid out under an industrial agreement:

Sick days taken

Was this employee terminated because of (please tick):

Lack of work Resignation

Employer's Authorised Contact (print name in full)* _____

* **The following people only are authorised to sign this claim form on behalf of the employer:**

A current director of the company; a partner of the business; or an authorised contact for the business as previously advised in writing to Incolink.

Position _____

Signature

Date

/ /

OFFICE USE ONLY

Credits allocated (days) _____

Entered by _____

Date entered / / _____

The Redundancy Payment Central Fund Ltd (trading as Incolink)

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