Form A90

Application to review inspector’s Direction to grant leave (Long Service Leave)

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| --- | --- |
| **Case Number**(SAET use only) |  |

### About this form

* This is the form for an employer to apply to SAET to review an inspector’s notice under section 12 of the Long Service Leave Act 1987.
* An application must be made within 14 days of the receipt of the notice.

# PARTy Details

## Applicant (employer)

|  |  |
| --- | --- |
| Organisation |  |
| Title | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |
| Do you require an interpreter? | [ ]  No [ ]  Yes. Please specify language: |
| Do you have any special requirements which will require assistance? | [ ]  No [ ]  Yes. Please specify: |
| Is anyone representing you? | [ ]  No [ ]  Yes. Please specify: |

### Representative detail (if required)

|  |  |
| --- | --- |
| Organisation |  |
| Contact First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |

## Inspector

|  |  |
| --- | --- |
| Title | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |

## Employee

|  |  |
| --- | --- |
| Title | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |

# Reviewable DECISION details

|  |  |
| --- | --- |
| Is a copy of the decision attached to this application? | [ ]  Yes [ ]  No (please provide reason why) |
|  |  |
| Date of the decision |  |
| Date you receive notification of the decision? |  |
| Are you lodging this application within the prescribed timeframes? | [ ]  Yes [ ]  No (please provide full reason why below) |
|  |  |

Why do you say that the decision is wrong? Please attach any supporting documentation.

|  |
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|  |

What is the outcome you are looking for?

|  |
| --- |
|  |

# LODGING YOUR COMPLETED FORM

|  |  |
| --- | --- |
| Name of person lodging |  |
| Signature |  |
| Date |  |

Please lodge this form, together with any accompanying documents, with the South Australian Employment Tribunal:

Email: saet@sa.gov.au
Post: PO Box 3636, Rundle Mall, SA, 5000
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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| --- |
| **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS** |