Form A91

Application for exemption (Long Service Leave)

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

### About this form

This is the form to apply to SAET for an exemption to the Long Service Leave Act 1987 under section 9 of the Act.

# Party details

## Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  | | |

## Respondent

(Provide details of the employer, registered association/s or relevant party to the award, other than the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  | | |

# Application for exemption

This application is made pursuant to Section 9 of the Long Service Leave Act 1987:

|  |  |
| --- | --- |
| By (name): |  |
| I am: | an employer (specify below)  a party to an award, agreement or scheme relating to long service leave (or anticipated award, agreement or scheme) (specify below)  a registered association which has a proper interest in the matter (specify below) |
|  |  |

What particular class of worker(s) do you seek exemption for?

(specify and attach a copy of the award, agreement or scheme or anticipated award, agreement or scheme)

|  |
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|  |

What are the grounds for the exemptions?

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|  |

# 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](mailto: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** |