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
Post: PO Box 3636, Rundle Mall, SA, 5000
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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