



Case number (SAET use only)

## 1 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this application?

No  Yes – provide (one of) the SAET Case number(s)

## 2 PARTIES (SUMMARY) *DO NOT COMPLETE*

This section will auto-populate with details you provide in [Attachment 1 - Parties \(Detail\)](#) (enclosed at the end of this form) which must be completed prior to lodgement.

Name (Party type)

Contact's last name

### Applicant

Representative  
(if applicable)

### Respondent #1

Respondent #2  
(if applicable)

If there are more parties to this application than this form provides for, please also complete an 'A10 - Details of Additional Party' (available from [www.saet.sa.gov.au](http://www.saet.sa.gov.au)) form for all other parties and submit with your application.

## 3 DETAILS OF APPLICATION

### About the employment

Type of work performed by the employee for the employer

Was there a written contract of employment?

- Yes – please provide a copy of the contract with this application.  
 No

Location work is performed (eg address or description of locations)

Date first worked for the employer

Date of termination (if applicable)

What time period does the claim relate to?




Are you a South Australian government or local government employee?

- Yes  
 No

Name of Award you are/were employed under (if known or applicable)

Name of Agreement you are/were employed under (if known or applicable)

Type of employment by the employee for the employer (mark all relevant boxes)

- Full-time                       Part-time                       Casual                       Apprenticeship or traineeship  
 Contract of employment for a specified period or task

### Details of claim

Select each sort of claim you are making and specify the amount claimed. Attach supporting documents to support the claim.

	Amount claimed (\$)
<input type="checkbox"/> Wages	<input type="text"/>
<input type="checkbox"/> Overtime rate	<input type="text"/>
<input type="checkbox"/> Penalty rate	<input type="text"/>
<input type="checkbox"/> Allowances	<input type="text"/>
<input type="checkbox"/> Commissions	<input type="text"/>
<input type="checkbox"/> Redundancy pay	<input type="text"/>
<input type="checkbox"/> Public holiday	<input type="text"/>
<input type="checkbox"/> Payment in lieu of termination of employment contract	<input type="text"/>
<input type="checkbox"/> Leave	
<input type="checkbox"/> Long service	<input type="text"/>
<input type="checkbox"/> Annual	<input type="text"/>
<input type="checkbox"/> Personal / Carer's	<input type="text"/>
<input type="checkbox"/> Parental	<input type="text"/>
<input type="checkbox"/> Compassionate	<input type="text"/>
<input type="checkbox"/> Community service	<input type="text"/>
<input type="checkbox"/> Superannuation	<input type="text"/>
<input type="checkbox"/> Interest	<input type="text"/>
<input type="checkbox"/> Other - specify	
<input type="text"/>	<input type="text"/>
<b>TOTAL AMOUNT CLAIMED</b>	<input type="text"/>

### Details about the amount claimed

Is there other information to support your claim? Attach more pages if required.

## Pecuniary penalty

If you are seeking a pecuniary penalty under the Commonwealth *Fair Work Act 2009*, do not include that claim on this form – use Form A39.

## Supporting attachments

Provide a brief description of your supporting documents here. It is not necessary to attach these documents to this application, except for the contract of employment (if any) referred to in Part 4 above.

## 4 LODGING YOUR COMPLETED FORM

By lodging this application, I declare that:

- I am the applicant or I am legally authorised to lodge this application
- To the best of my knowledge, all information provided in this application is true and correct
- The respondent/s named at Attachment 1 – Part B are the legal entity or individual that this claim relates to.
- I understand that the information provided will be used to determine eligibility to initiate proceedings
- I understand that a copy of this application, and any supporting documents, may be sent to others who may have a direct interest in the proceedings. The *South Australian Employment Tribunal Act 2014* governs what information is available to be viewed publicly.

Name of person lodging the application

Date

**To lodge your completed form:**

1. **Save** it to your computer - SAET does not require a signed version so there is no need to print and scan
2. **Email** it with any supporting documents to [saet@sa.gov.au](mailto:saet@sa.gov.au).

*Ensure you complete Attachment 1: Party (Detail) enclosed over the page*

## ATTACHMENT 1 - PARTIES (DETAIL)

### A. Applicant

Are you (the Applicant) the:

- Worker  Employer  Union  Employer association  Not specified

Are you (the Applicant) an individual or lodging on behalf of an organisation?

- Individual  
 Organisation – specify

Organisation legal name

Organisation trading name

### Contact details

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title	Date of birth (individual parties only)
<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require an interpreter?

- No  Yes – specify language / dialect

Do you have any other special requirements?

- No  Yes – specify requirements

### Applicant representative details

Are you (the Applicant) represented?

- Yes  No – go to **B Respondent**

Type of representative

- Legal  Employer association  Union  Advocate

Is the representative an individual or acting on behalf of a representative organisation?

- Individual  
 Organisation – specify

Representative organisation name

### Representative contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. Respondent

### Respondent #1

Respondent is the:

- Worker  Employer  Not specified

Respondent is an:

- Individual

- Organisation – specify Organisation legal name – this should be the name of the legal entity conducting the business (this may not be the trading name).

Organisation trading name

### Contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Business/employer email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Respondent #2

Respondent is the:

- Worker  Employer  Not specified

Respondent is an:

- Individual

- Organisation – specify Organisation legal name – this should be the name of the legal entity conducting the business (this may not be the trading name)..

Organisation trading name

### Contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Business/employer email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## To the Respondent/s: **WARNING**

If you wish to defend the claim, you must within 14 calendar days from service of this claim, file with SAET and serve on the applicant an Answer/Response Form P01.

If you do not do so, after that time **judgment may be entered against you** including orders as to costs. Judgment will allow the person who has obtained judgment to take **enforcement steps**. This may include orders to sell your property.