

APPLICATION – MONEY CLAIM

Section 9 *Fair Work Act 1994 SA*SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case number (SAET use only)

About this form

- This is the approved form to lodge an application to claim a monetary amount due under a State or Federal industrial law or agreement in accordance with section 9 of the *Fair Work Act 1994*.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

1 TYPE OF APPLICATION

This application relates to a money claim in accordance with:

- Section 9 of the South Australian *Fair Work Act 1994* (FW-03)
- Section 545 of the Commonwealth *Fair Work Act 2009* (FW-03c)
- Is this a small claim under section 548?
- Yes (FW-03c-01)
- No (FW-03c-02)
- Section 546 of the Commonwealth *Fair Work Act 2009* (penalties) (FW-03cA)

2 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)

3 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) form for all other parties and submit with your application.

4 DETAILS OF APPLICATION

Who should receive payment

Provide name(s) of those who should receive payment of the claimed amount(s)

About the employment

Type of work performed by the employee for the employer

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?

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
 Permanent
 Casual
 Apprenticeship or traineeship
 Seasonal
 Outworker
 Contract of employment for a specified period or task

Contraventions of the Act

What section(s) of which legislation does this application relate to?

- South Australian *Fair Work Act 1994* – specify

Section(s) of the Act:

- Commonwealth *Fair Work Act 2009* – specify

Section(s) of the Act:

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 leave	<input type="text"/>
<input type="checkbox"/> Annual	<input type="text"/>
<input type="checkbox"/> Personal / Carer's	<input type="text"/>
<input type="checkbox"/> Compassionate	<input type="text"/>
<input type="checkbox"/> Jury service	<input type="text"/>
<input type="checkbox"/> Superannuation (Cth only)	<input type="text"/>
<input type="checkbox"/> Other - specify	
<input type="text"/>	<input type="text"/>
TOTAL AMOUNT CLAIMED	<input type="text"/>

- Pecuniary penalty (Cth only)

Reasons

Why do you believe SAET should make an order for the amount claimed? Attach more pages if required.

Supporting attachments

Provide a brief description of any attachments supporting this application.

5 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
- Where the Respondent is the employer, I have endorsed the name and address of the person carrying on the business at Attachment 1 – Part B
- I will attach all relevant supporting documents to this application form
- 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

Signature (if submitting in hardcopy)

Date

Please lodge this form with the South Australian Employment Tribunal:

Email (preferred) **saet@sa.gov.au**

Post PO Box 3636, Rundle Mall, SA, 5000

In person Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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 (if provided, correspondence will be emailed)
<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 (if provided, correspondence will be emailed)
<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

NOTE: For a Respondent employer, the Applicant endorses that the name and address of the person carrying on the business is as follows (see declaration at Part 5 of this form).

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	Email (if provided, correspondence will be emailed)
<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

NOTE: For a Respondent employer, the Applicant endorses that the name and address of the person carrying on the business is as follows (see declaration at Part 5 of this form).

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	Email (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>