

Leave Without Pay (LWOP)

Use this form if you are **an employer** and want to advise a period of leave without pay (LWOP) for a member in the LGS Retirement Scheme.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (✖) to mark boxes.

There are essentially two types of leave without pay that can be reported:

- Non-Prescribed Leave Without Pay (NP LWOP) – no contributions are payable to LGS for whole calendar months only. Leave that covers only part of a month will require payment of contributions for that whole month.
- Prescribed Leave Without Pay (P LWOP) – a member can make arrangements directly with the Trustee to reduce their contributions during this period. If no application is made for a rate reduction then contributions are still payable. Types of prescribed leave can be sick leave, maternity leave, paternity leave, worker’s compensation, secondment, service with the armed forces or in circumstances approved by the Trustees.

Leave without pay will have an effect on the member’s entitlements and the amount of contributions payable to LGS, therefore this advice should be remitted promptly to ensure it appears on your next monthly contribution due report.

NOTE: Only periods greater than five (5) days are to be reported. Only periods of leave that cover a whole month will have an impact on the payment of contributions to LGS.

I. Member details

Given name/s	<input type="text"/>																					
Family name	<input type="text"/>																					
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Leave type	<input type="text"/>											Comments	<input type="text"/>									

Given name/s	<input type="text"/>																					
Family name	<input type="text"/>																					
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Leave type	<input type="text"/>											Comments	<input type="text"/>									

Given name/s	<input type="text"/>																					
Family name	<input type="text"/>																					
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Leave type	<input type="text"/>											Comments	<input type="text"/>									

Given name/s	<input type="text"/>																					
Family name	<input type="text"/>																					
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Leave type	<input type="text"/>											Comments	<input type="text"/>									

Given name/s	<input type="text"/>																			
Family name	<input type="text"/>																			
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments	<input type="text"/>													

Given name/s	<input type="text"/>																			
Family name	<input type="text"/>																			
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments	<input type="text"/>													

Given name/s	<input type="text"/>																			
Family name	<input type="text"/>																			
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments	<input type="text"/>													

2. Employer details

Employer name	<input type="text"/>									
Reporting Centre code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>I certify that the details given are true and complete. I certify that I have obtained the necessary consent to disclose personal information to LGS.</p>										
Signature of authorised officer	<input type="text"/>					Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of authorised officer	<input type="text"/>									

Please return your completed form to:

Mail: Local Government Super PO Box N835 Grosvenor Place NSW 1220	Email: admin@lgsuper.com.au
--	--

The information you provide on this form is collected by and held for Local Government Super by the fund administrator; Australian Administration Services, in accordance with the Australian Privacy Principles under the *Privacy Act 1988 (Cth)*. For further information about privacy, please phone Member Services on 1300 LGSUPER (1300 547 873) or visit lgsuper.com.au to view the Privacy Policy.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).