

Notification of Termination of Employment Form

LSL Provision Savings Account – Centenary Development Foundation

Email: info@cdf.org.au www.cdf.org.au

Phone: (07) 3327 1628

Mailing: Reply Paid 469, Kenmore QLD 4069

ABN: 28 953 930 342

Section A. To be completed by the Employer/Account Holder.

Churches of Christ in Queensland (CofCQ) Church or Entity Details:

Account name (name of church/entity):

LSL Provision Savings Account number:

Primary contact person's name and position:

Payments will be made directly to employer's linked bank account (details supplied at account opening. Contact CDF if account has changed.)

Section B. To be completed by the Employee.

Employee's confirmation of termination of employment:

Employee's name in full:

Address:

City or Town:

State:

Postcode:

Mobile:

Email:

Date commenced employment with employer in Section A:

Date terminating employment with employer in Section A:

Is the period of employment with the employer in Section A, 7 or more years?

Yes*

No

*If Yes, the employer (account holder) to complete **Section C** plus other relevant sections.

Are you commencing or seeking employment with another CofCQ employer?

Yes

No

By signing below you confirm the details you have provided in this section are correct:

Signature of employee:

Date:

Section C. To be completed by the Employer/Account Holder provided in Section A.

Employment period with the employer in Section A is 7 years or more

Long service leave - total hours accrued calculated to the date of termination:
(as per the legislative obligation)

Long service leave- total accrued value (hours accrued above in \$ value):

This amount will be paid as: lump sum at termination or leave commencing:

The accrued value amount must be included in the employee's termination payment or taken as long service leave prior to termination as the employer has a long service leave obligation to the employee. The accrued value amount, if available in the account, will be returned to the linked bank account of the employer in Section A. If insufficient contributions have been made, the balance of the account will be returned and the shortfall is the responsibility of the employer.

Notification of Termination of Employment Form

LSL Provision Savings Account – Centenary Development Foundation

Sections D, E and F to be completed by the Employer/Account Holder depending on whether the terminating employee is:

- Section D.** commencing employment with another CofCQ employer
- Section E.** looking for employment with another CofCQ employer (6 months grace period)
- Section F.** finishing employment - no plans to continue employment with any CofCQ employer

Once completed and signed in **Section G**, please return form to CDF by post or emailed as an attachment.

Section D. Terminating employee is commencing employment with a new CofCQ employer:

A completed 'Account Transfer to New CofCQ Employer Form' is enclosed:	Yes
--	-----

This will enable the account and remaining balance to be transferred to the new CofCQ employer.

Section E. Terminating employee is looking for employment with a new CofCQ employer (6 months grace period).

Commencement date: <i>(date employee commenced employment with their first CofCQ employer/church/entity, without any interruption in employment with CofCQ employer/s except for the grace period or Date of Ministry (DOM), if transferred from MEBS.)</i>	
---	--

Date terminating employment with employer in Section A:	
---	--

Date 6 months from the date terminating employment <i>(date grace period ends)</i> :	
--	--

*Is the period between the 'commencement date' and the 'date terminating employment' 7 years or more?	Yes	No
---	-----	----

If **yes** and CofCQ employment not found, the account will be closed and the balance returned to the linked bank account of the employer provided in Section A. The balance must be paid to the employee as a salary payment and the applicable tax withheld in compliance with relevant legislation for taxation and long service leave termination payments.

If **no** and CofCQ employment not found within the 6 months grace period, the account will be closed and the balance refunded proportionately to all employers who contributed.

If employment with a CofCQ employer is found, CDF must be notified and an 'Account Transfer to New CofCQ Employer Form' must be completed and sent to CDF. This will enable the account and remaining balance to be transferred to the new CofCQ employer.

Notes:

- Grace period of 6 months is permitted if the employee has terminated employment but looking to continue employment with another CofCQ employer.
- It is the employee's responsibility to notify CDF of employment with a CofCQ employer that will commence within the 6 months period and have an 'Account Transfer to New CofCQ Employer Form'; completed and sent to CDF.
- If the grace period concludes without notification being received by CDF, the account will be closed and the funds transferred to the linked bank account of the employer provided in Section A. The funds must be treated as per the *7-year period above.
- The grace period will be excluded when calculating the years of service from the date of employment with their first CofCQ employer (*7-year period)
- In the event that the employee is unable to find work by the end of the grace period, the termination of employment date is used for payments made under Section E.

Notification of Termination of Employment Form

LSL Provision Savings Account – Centenary Development Foundation

Section F. Terminating employee is finishing employment - no plans to continue employment with a CofCQ employer

Commencement date: *(date employee commenced employment with their first CofCQ employer/church/entity, without any interruption in employment with CofCQ employer/s except for the grace period or Date of Ministry (DOM), if transferred from MEBS.)*

Date terminating employment with employer in Section A:

*Is the period between the 'commencement date' and the 'date terminating employment' 7 years or more?

Yes No

If **yes**, the account will be closed and the balance returned to the linked bank account of the employer provided in Section A. The balance must be paid to the employee as a salary payment and the applicable tax withheld in compliance with relevant legislation for taxation, long service leave payments and bonus payments. This amount will be paid as:

lump sum at termination or as leave commencing:

If **no**, the account will be closed and the balance refunded proportionately to all employers who contributed.

Section G. By signing this form, the authorised signatories of the account on behalf of the employer in Section A:

1. authorise the actions contained on the form including the transfer of funds and account closure, if applicable.
2. confirm this form has been completed accurately to the best of their knowledge.
3. agree and acknowledge:
 - a. the payment of any amounts to the employer does not relieve the employer from any future or current liability to the employee for long service leave as per the applicable legislation and any applicable industrial agreement;
 - b. to process funds released for long service leave and long service like leave payments. Any funds paid to the employee are paid as salary payments including any fringe benefit arrangements, withholding tax and making superannuation payments, if applicable and in compliance with the applicable legislation and any applicable industrial agreement. This includes any contributions from prior contributing employers and earnings in the account;
 - c. that only amounts up to the balance of the account are available for withdrawal for long service leave and long service like leave payments;
 - d. if insufficient contributions have been made to cover the long service leave legislative obligations, any shortfall is the responsibility of the employer
4. authorise transfer of the account to a new CofCQ employer, if the employee finishes employment and commences employment with another Church of Christ in Queensland employer, where the intention is indicated on Section B and either Sections D or E of this form and is within the grace period. Kindly note: this will only occur when a fully completed Account Transfer to New CofCQ Employer Form has been submitted to CDF. This is the responsibility of the employee.

Authorised Signatory 1 of Employer/Account Holder

Full Name:

Signature:

Date:

Authorised Signatory 2 of Employer/Account Holder

Full Name:

Signature:

Date: