

Notification of unpaid leave

This form is to be completed where:

1. Unpaid leave exceeds three months, for Gold State Super members
2. Unpaid leave exceeds four weeks, for Pension Scheme members
3. Where the details of a previously advised period of unpaid leave is to be amended, a new **'Notification of unpaid leave'** form needs to be completed

Section 1 Member details

To be completed by the HR/payroll officer

GESB member number

Note: the Gold State Super scheme has a 7-digit member number. Pension Scheme members use an 8-digit number.

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Surname (family name)

Given name(s)

Date of birth / / Male Female

Government department/agency/hospital

Staff ID or payroll number

Section 2 Unpaid leave details

(All sections must be completed)

1. Is this an initial or variation advice? (please ✓)

Initial Variation

2. Period of unpaid leave

From / / to / /

3. State the reason for this unpaid leave (e.g. sick, study, parental, military, other)

Note: we have a privacy statement that explains how we handle private information about individuals responsibly. Our privacy statement is available on our website at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

4. Is this application for unpaid leave recognised or unrecognised for super purposes? (please ✓)

Recognised Unrecognised

Recognised Unpaid Leave

- Unpaid leave is automatically recognised for super purposes for periods of maternity, sick leave and military leave. Employer approval is required for other unpaid leave types to be considered recognised. This period of leave will count towards the member's super benefit

Unrecognised Unpaid Leave

- Unrecognised Unpaid Leave applies to all other unpaid leave types that are not recognised. The member does not have the option of contributing for the period of leave. The leave does not count towards the Final Benefit, and the member's death
- For more information, please call your Key Account Manager or our Member Services Centre on 13 43 72

Section 3 Details of authorised HR/payroll officer

Surname (family name)

Given name(s)

Position/title

Telephone – work

Your signature

Date

Section 4 Post your form to us

Send your completed form to:

GESB
PO Box J 755
Perth WA 6842

Or fax it to:

Facsimile: 1800 300 067

How to contact us

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au



PO Box J 755, Perth WA 6842

Government Employees Superannuation Board ABN 43 418 292 917