



### Purpose of this form

Use this form to provide CASA with prior government service for a previous employee who is now commencing employment with CASA.

### Who is this form for?

This document is designed for previous employers to complete on behalf of a new CASA employee.

### Information needed to complete this form

When completing this form make sure that your responses are accurate and complete. Incorrect or incomplete responses may result in delays in processing the employee's request for prior service recognition.

Knowingly making a false or misleading statement is also an Offence against the Criminal Code Act 1995 (Cth) and may result in prosecution.



**We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly**

### Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➡ **Go to**' button to skip to the question

### Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988 (Cth). CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Policy](#).

### For more information

Go to the [CASA website](#) or call us on 131 757.

## Employer

### 1 What are the **employer details**?

Name of Employer

Address

## Employee

### 2 What are the **employee details**?

Full name

Date of birth (DD/MM/YYYY)

/ /

## Prior Service

### 3 What are the details of the **employee's prior service**?

Date From	Date to	Full time	Part time	Hours/week

 Attach additional pages if required

### 4 Was **prior service recognised** from any other employers?

No

Yes Attach additional details

## Leave Without Pay

### 5 Did this employee take any **Leave Without Pay** or **Leave Not To Count As Service**?

No

Yes

### 6 What are the **Leave Without Pay** or **Leave Not To Count As Service** details?

Date From	Date to	Leave type

 Attach additional pages if required

## Long Service Leave

**7** Did this employee take any **Long Service Leave**?

**No**

**Yes**

**8** What are the details of the **employee's long service leave taken**?

Date From	Date to	Full pay	Half pay	Full time	Part time

 **Attach additional pages if required**

**Amount** of any long service leave paid out on cessation

## Personal/Sick Leave

**9** What was the employee's **Personal/Sick Leave balance** on cessation?

## Certification

**10** I declare that the above details are true and correct:

System printouts or other supporting documentation for this information (where available) is attached.

Full name

Date (DD/MM/YYYY)

/ /

Signature

Contact number

Email address

## Returning your form



By email – attach this form and all supporting documents. Send them to [payroll@casa.gov.au](mailto:payroll@casa.gov.au)