

# Form > Super SA > Triple S LEAVE WITHOUT PAY

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**SUPER SA**  
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

## 1. Personal Details

### Account ID

Mr  Ms  Miss  Mrs  Dr  Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email\*

Telephone\* (M)

(W)

(H)

Name of employer

Employee number

\*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

## 2. Notification of Leave Without Pay

a) Period of leave without pay

/ / to / /

b) Period of any leave (eg long service leave or annual leave) taken with leave without pay (leave blank if not applicable)

/ / to / /

\*Please notify Super SA if your leave dates change.

c) Is this leave an extension of previously approved leave without pay?

Yes  No

If yes, please provide the date of previous leave without pay

/ / to / /

d) Reason or purpose for leave without pay

## 3. Member Declaration

- The dates provided above are true and correct.

Signature:

Date: / /

### Contact Us

#### In person:

Ground floor, 151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

**Postal:** GPO Box 48, Adelaide, SA 5001

**Call:** (08)8207 2094 or 1300 369 315 (for regional callers)

**Email:** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)

**Website:** [www.supersa.sa.gov.au](http://www.supersa.sa.gov.au)



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