

QF: 065/2008

17 June 2008



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## ❖ NOTICE ❖

**TO: ALAEA MEMBERS – QANTAS and FORSTAFF**

**RE: EBA UPDATE 17<sup>th</sup> JUNE**

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### Next Tuesday's Protected Action

A number of emails were received today from members complaining that their surnames did not fall within the A-K designation for Monday's stoppages. It is now brought to member's attention that a second notification was given to Qantas today regarding action for a different range of members. Please see the attachment to Sue Bussell.

### Member Locked Out

Yesterday evening a member was sent home eight hours prior to the finish of his shift because he did not agree to a company directed shift change on the same day to facilitate a Noumea travelling role. In our opinion what the company have done is illegal and the ALAEA will be seeking a determination from the AIRC for this and other similar occurrences such as the Melbourne Domestic LAMEs who were docked for not carrying out an arrival of a 747 aircraft.

The Association has been made aware that yesterday's actions by Qantas management may have been pre-planned to provoke ALAEA members into taking unprotected action. During these testing times it is understandable that members expect swift and harsh retaliation. Your ALAEA Officials won't make rash decisions that may position Qantas for a better outcome and leave us financially exposed for damages. The ALAEA will not give Qantas any opportunity to attempt to end our push for a fair wages outcome in this EBA.

We have set our timetable and will not be provoked. We will not play to their rules and most of all, we will be patient. We will not do what Qantas expect us to do and we will protect our brothers in different ways than they expect.

The Association has also been made aware that members from our Qantas membership have instituted a fighting fund to assist members in such cases and we will assist facilitation of this fund as legally allowed. Members are being asked to initially donate twenty dollars and should contact Frank Whittle on 0437890652 who is co-ordinating the collection. Members who have or do find themselves docked illegally by Qantas should fill in as much as possible of the attached Workplace Ombudsman form and fax to the ALAEA.

STEPHEN PURVINAS  
Federal Secretary

"To undertake supervise and certify for the safety of all who fly."

17 June 2008

Ms Sue Bussell  
Industrial Relations Manager  
Qantas Airways Ltd  
QCA4 203 Coward Street  
MASCOT NSW 2020



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Dear Sue,

Please be advised that Protected Industrial Action in the following forms will take place on **Tuesday the 24<sup>th</sup> of June** for all ALAEA Qantas LAMEs (including LAMEs, Seniors, Supervisors, DMMs and other categories covered by the Qantas LAME EBA);

- A work stoppage for all Sydney International LAMEs whose surnames start with letters L-Z from 2000 until end of that shift.
- A work stoppage of 4 hours for all Sydney Base Maintenance LAMEs whose surnames start with letters L-Z from 1400 until 1800.
- A work stoppage of 5 hours for all Brisbane Domestic Terminal LAMEs from 1730 until 2230 for all LAMEs whose normal shift is rostered to commence at 1730.
- A work stoppage for all Melbourne Domestic LAMEs whose surnames start with letters A-K from 0200-0600. This stoppage is only for LAMEs who commenced nightshift the previous evening and will not apply to LAMEs commencing duty at 0530.
- A work stoppage for all Sydney Domestic LAMEs whose surnames start with letters A-K from 0200-0600. This stoppage is only for LAMEs who commenced nightshift the previous evening and will not apply to LAMEs commencing dayshift before 0600.
- A work stoppage of 4 hours from 1100-1500 for all Perth LAMEs.

**STEPHEN PURVINAS**  
**Federal Secretary**

"To undertake supervise and certify for the safety of all who fly."



# Wages and Conditions Claim Form

## 8. YOUR CLAIM (continued)

Were/Are you a member of a union? Yes  No

If yes, did you contact them for help? Yes  No

If yes, what did they do?

Have you attempted to resolve this claim with your employer? Yes  No

If yes, please specify

To investigate this matter fully we may need to reveal your identity to your employer. Do you agree to this? Yes  No

If no, please specify why

## 9. ATTACHMENTS

I have attached photocopies of the following material to support my claim:

- Payslips/Pay Envelopes
- Group Certificate
- Final Payslip
- Written Contract
- Time Sheets
- Separation Certificate
- Employment Declaration forms
- Job Advertisement
- Apprenticeship/Trainee Agreement/Paperwork
- Centrelink/Employment Agency Referral Slip
- Government Subsidy Agreements/Paperwork
- Part-time hours agreement

## 10. LEGAL ACTION

Are you taking any legal action against the employer?

Yes  No

If yes, please specify (eg. Unfair dismissal, civil action, costs action)

### YOUR PRIVACY

The Workplace Ombudsman and the Workplace Authority manage your information in accordance with the Privacy Act 1988. Information in this Claim Form will be used for the purposes of determining your entitlements. The information may also be used for statistical research, monitoring and evaluation that may be carried out by the Workplace Ombudsman, Workplace Authority, Department of Employment and Workplace Relations or contracted commercial researchers.

## REMEMBER...

- to sign and date the claim form below
- to provide copies of all supporting documents (payslips, time sheets, group certificates, etc.)
- to keep a copy of the form and any additional material for your records
- to post the completed form to your nearest office at:

The Workplace Ombudsman  
GPO Box 9887  
In your Capital City

**All enquiries: 1300 724 200**

## 11. SIGN AND DATE THIS FORM

I certify that the details I have provided are correct to the best of my knowledge. I understand that it is an offence to give false or misleading information. I understand that any information may be provided to other government agencies.

I also authorise the Workplace Ombudsman to refer my claim, or aspects of my claim, to other relevant Government agencies, including State/Territory agencies, where issues fall within their area(s) of responsibility.

I understand that before my claim is accepted you may need to interview me by telephone.

Below is the preferred contact number, day of the week and time for any interview:

Your Signature

Date

## Fill out this form if

- You are employed by a company or under a federal award, agreement or legislation and you believe you have not received your correct wages or conditions
- You want to authorise the Workplace Ombudsman to investigate your claim

## How to fill out this form

- Use a pen and print clearly
- Attach photocopies of any supporting papers, such as payslips, timesheets, and group certificates. **DO NOT SEND ORIGINALS**
- To avoid delays in having your claim registered and investigated, please provide as much detail as possible
- Call 1300 724 200 if you require help with the form
- If you require interpreter assistance, phone 131 450

## 1. YOUR DETAILS

Mr  Ms  Mrs  Miss

Surname

Given Name(s)

Date of Birth

Postal Address

Home Number

Daytime Contact Number

Mobile Number

Preferred time to be called

Email address

Reference/Infra No:  
(Office use only)

Do you need an interpreter? Yes  No

If yes, which language?

## The following question is optional:

Do you identify as:

Aboriginal  Torres Strait Islander

## 2. YOUR EMPLOYER'S DETAILS

Employer Name (eg. Kontis Enterprises Pty Ltd)

Trading Name

Employer's Work Address

Employer's Postal Address

ABN/ACN

Phone Number

Fax Number

Email Address

Manager/Contact Person (name & job title)

What is the employer's industry? (eg. hospitality, retail, etc)

Number of employees?

Is the business still trading?

**3. PAY DETAILS**

If full time/part time, what was your weekly pay rate before tax (gross)?

If casual, what was your hourly rate of pay before tax?

Provide details of any additional payments you received from this employer, including the amount(s).

Did your rate of pay change during your employment?

If yes, provide details of the change(s) in pay.

Apart from tax, what pay deductions (if any) did you agree to?

What day were you paid?

What day ended the pay period?

How often were you paid?

If Other, provide details.

How were you paid?

**5. YOUR HOURS OF WORK**

Do you work regular hours? Yes  No  If yes, please complete the table below. If no, how many hours did you usually work per week?

**STANDARD/USUAL HOURS (based on a typical week)**

DAYS	START TIME	START MEAL BREAK	END MEAL BREAK	FINISH TIME	DAILY HOURS WORKED (excluding meal breaks)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>TOTAL</b>					

Did you receive a payslip or envelope? Yes  No

Did your employer keep a record of your pay? Yes  No

If yes, did you sign this record? Yes  No

**4. YOUR JOB**

Is/was your employment subject to an overseas working visa? Yes  No

Date you started working for this employer?

Date you finished working for this employer (if applicable)?

Name of your award/agreement/other industrial instrument?

Job title & duties?

Qualifications needed for your job?

**Employment Status:**

Full time  Piece worker  Contractor   
 Casual  Part time  Don't know   
 Apprentice  Trainee

Was there a trial period? Yes  No  Don't know

If yes, please provide details (including the length of the trial)?

Did you sign a contract? Yes  No  Don't know

Did the employer keep a record of the hours worked? Yes  No  Don't know

If yes, was it: Clock Card  Timesheet  Other

**6. TERMINATION DETAILS (if applicable)**

Who terminated your employment?

You  Your employer

Was notice given? Yes  No

On which date was notice given?

Who gave you notice? Who did you give notice to?

If yes, how much notice was given?

Was this notice witnessed by anyone? Yes  No

If yes, by whom? (name and title of the witness)?

Did you work for the full notice period? Yes  No

What was the date on which you last worked?

What reason was given for the termination of your employment?

What payments did you receive upon termination before tax (gross)?

Wages \$

Notice Pay \$

Annual Leave \$

Long Service Leave \$

Other (please specify) \$

**7. IMPORTANT INFORMATION RELATING TO YOUR EMPLOYMENT**

Was tax paid on your earnings? Yes  No  Don't know

Were you given any "cash in hand" payments? Yes  No

Were you given other benefits instead of pay (accommodation, use of car, etc.)? Yes  No

Are there any criminal charges related to your employment? Yes  No

Do you have any property of the employer (uniform, tools, etc.)? Yes  No

Please provide details of any of the above:

**8. YOUR CLAIM**

It is essential that you complete the following section. If you fail to do so, we may not accept or be able to investigate your claim.

What are the specific details of your claim?

Not paid for time worked  Underpayment of hourly rate

Payslips  Public holidays

Pay in lieu of notice  Meal breaks

Annual leave  Unauthorised deduction

Allowances  Sick leave

Superannuation

Other (please attach details)

(This section continues over the page.)

**If you need more space, you can attach additional information.**