



APPLICATION FOR LEAVE

Employee ID

School/Area

Full Name

Academic Staff

General Staff

All staff must complete this section.

Part Time staff are required to provide their fortnightly work pattern below

Full Time

Part Time

<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position Fraction

Number of Hours Leave

Medical Certificate attached? Y/N

Are you Salary Packaged? Y/N

FIRST DAY OF LEAVE

LAST DAY OF LEAVE

No. Work k	Code (as Below)	Description of Leave	FIRST DAY OF LEAVE			LAST DAY OF LEAVE		
			DD	MM	YY	DD	MM	YY
Hours								

- LSL Long Service Leave
- **LSLD Long Service Leave Double Pay
- **LSLH Long Service Leave Half Pay
- *LWOP Leave without Pay
- MIL Military Leave
- OSP Academic Study Leave

- TRAV Travel Leave
- PL Parental Leave
- PLU Unpaid Parental Leave
- JURY Jury Duty/Court Attend
- OTHE Absent with Pay

* EBA clause 43.7 A Staff Member who applies for LWOP is expected to have considered the implications of this leave on any other benefit to which they are entitled, or may be receiving. Christmas Closedown eligibility can be affected

** Note LSL at half pay and double pay will affect the rate at which you accrue leave, superannuation and may have implications for parental leave or other entitlements.

Staff considering applying for LSL at half or double pay are responsible for investigating how taking leave in this way may affect their entitlements according to their individual circumstances.

Signature

____ / ____ / ____
Date

To be completed by Head of Area or other approving authority.

Should current allowances be paid while on leave

Y/N

If currently in Acting Position: Is this leave to be paid at current HDA level?

Y/N

Leave is approved

Y/N

- | | |
|------------------|--------------------------|
| HR ACTION | |
| PIA | <input type="checkbox"/> |
| DED | <input type="checkbox"/> |
| SUPER | <input type="checkbox"/> |
| S/PACK | <input type="checkbox"/> |

Signature of Head of School/Area

Name of Head of School/Area