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| **Employee details** | | | | |
|  | | | | |
| First name |  | Last Name |  |  |
|  | | | |
| School/sections |  | Employee number |  |
|  | | | |
| Campus |  | Telephone number |  |
|  | | | |

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| 1. **Annual leave** \*must be recorded in hours | \* **Annual leave** and **Personal leave** must be recorded in hours  - 7.35 hours constitutes one full day for all general/professional staff.  - 7.6 hours constitutes one full day for all  academic and TAFE teaching staff   |  |  |  |  | | --- | --- | --- | --- | | Leave code | Inclusive period | | Number of days/hours taken | | From | To | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |  | Enter date | Enter date |  | |
| 1. **Personal leave** \*must be recorded in hours [personal injury/illness] Some form of evidence may be required,  as per relevant enterprise agreement. |
| 1. **Long service leave** \*\*see approval requirement TAFE teacher’s LSL application process continues to apply |
| 1. **Paid maternity leave**  Attach doctor’s certificate and letter of request |
| 1. **Unpaid maternity leave** Attach doctor’s certificate and letter of request |
| 1. **Paternity/Partner leave** Attach doctor’s certificate or statutory declaration |
| 1. **Leave without Pay** \*\*see approval requirement Attach letter of request indicating reason required |
| 1. **Bereavement/Compassionate leave**  Must indicate family relationship to employee in ‘Details’ section |
| 1. **WorkCover**  Return this form directly to the Injury Management and Wellbeing  Co-ordinator, Human Resources |
| 1. **Carer’s leave**  Attach doctor’s certificate (and indicate family relationship to employee in ‘Details’ section) |
| 1. **University business/conference/travel leave** |
| 1. **Other type of additional leave** Please specify in ‘Details’ section e.g. court attendance.  Some form of evidence may be required, as per relevant enterprise agreement |

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| **Details**  Must be completed for Bereavement/Compassionate, Carer’s and Additional Leave. (For further information about leave options, please refer to the leave provisions in your relevant enterprise agreement). |  |  |
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| **Employee** signature |  | Date | Enter date |  |
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| **Manager/Supervisor** signature | |  | | | Position title | | |  |  |
|  | | | | | | | | | |
| Print name |  | | Date | Enter date | |  | Approved  Not approved | |  |
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| \*\*Dean/Director approval (or DVC/PVC/COO where applicable) REQUIRED ONLY for LSL (leave code 3) and LWoP applications (leave code 7) | | | | | | | | | |
|  | | | | | | | | | |
| **Delegated Officer** signature | |  | | | Position title | |  |  | |
|  | | | | | | | | | |
| Print name |  | | Date | Enter date | |  | Approved  Not approved | |  |
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