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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 requirementTAFE 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 requirementAttach 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 toemployee 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 relevantenterprise agreement
 |

|  |
| --- |
|  |
| **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). |       |  |
|  |

|  |
| --- |
|  |
| **Employee** signature |  | Date | Enter date |  |
|  |

|  |
| --- |
|  |
| **Manager/Supervisor** signature |  | Position title |       |  |
|  |
| Print name |       | Date | Enter date |  | [ ]  Approved [ ]  Not approved |  |
|  |  |  |

|  |
| --- |
| \*\*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 |  |
|  |  |  |