

PARENTAL LEAVE APPLICATION FORM

(Maternity/Adoption/Special Paid Parental Leave)

PLEASE COMPLETE AND FORWARD TO:
Human Resources Branch, Division of Services and Resources

This form is to be used by staff applying for Maternity, Adoption or Special Paid Parental leave.
 See the [Fact Sheet](#) for more detailed information.

- All applications must be accompanied by a certificate stating the expected date of birth/placement
- Maternity leave should commence six weeks prior to the expected birth date. If you are planning to work between six and two weeks prior to the expected date of birth a medical certificate of fitness to work must be provided.
- For adoption leave the period of leave must start on the day of placement of the child.
- Special Paid Parental leave commences on the day you become the primary caregiver.

Applications not consistent with standard Parental Leave provisions must be accompanied by a supporting statement signed by Head of School/Branch

Note: Where a staff member and partner/spouse want to apply to share leave refer the [Shared Parental \(Maternity/Adoption\) Application Form](#)

STAFF MEMBER DETAILS

Staff ID: Position Title: School/Branch: Work phone:

Title: Family name: Given names (in full):

COMPLETE THIS SECTION IF TAKING THE EQUIVALENT OF 26 WEEKS AS PAID PARENTAL LEAVE

Parental Leave: a maximum of 104 weeks of combined leave type is available.

1. Equivalent of 26 weeks full pay parental leave commencing on:

made up of: Full Pay from: to

Half Pay from: to

2. Other leave to be taken as follows:

a. Annual leave from: to:

b. Long service full pay leave from: to:

c. Long service half pay leave from: to:

d. Leave without pay from: to:

3. My nominated date of return to work will be:

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COMPLETE THIS SECTION IF TAKING PAID PARENTAL LEAVE IN COMBINATION WITH OTHER LEAVE PROVISIONS

Parental Leave must be taken within the 104 weeks combined leave period. Note that the taking of the equivalent of 14 weeks paid parental leave, as a minimum is compulsory. [University of Adelaide Enterprise Agreement](#) (as amended) – [Paid Maternity Leave – clause 4.5.6(c)]

1. Equivalent of 14 weeks full pay parental leave commencing on:
 made up of: Full Pay from: to.....
 Half Pay from: to.....

2. The balance ofweeks paid parental leave will be taken in the form of

3. Other leave to be taken as follows:
 - a. Annual leave from: to:.....
 - b. Long service full pay leave from: to:.....
 - c. Long service half pay leave from: to:.....
 - d. Leave without pay from: to:.....

4. My nominated date of return to work will be:

CANCELLATION OR AMENDMENT TO PARENTAL LEAVE

Please amend my parental leave as follows:

1. Equivalent of weeks full pay parental leave commencing on:
 made up of: Full Pay from: to.....
 Half Pay from: to.....

2. The balance ofweeks paid parental leave will be taken in the form of

3. Other leave to be taken as follows:
 - a. Annual leave from: to:.....
 - b. Long service full pay leave from: to:.....
 - c. Long service half pay leave from: to:.....
 - d. Leave without pay from: to:.....

4. My nominated date of return to work will be:

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APPLICATION FOR PARENTAL LEAVE

Staff member

In lodging this application, I declare that I am the primary caregiver of the child.

I note that if I wish to amend the date that I intend to return to work and in accordance with the [University of Adelaide Enterprise Agreement](#) (as amended) I am applying to my supervisor for approval not less than four weeks prior to the amended date of return.

I note that if I intend to apply to return to duty on a part time basis under the Reduced Hours for Care of Child clause I am required to submit an application to my Supervisor not less than three months prior to the nominated date of return.

If applicable, I have attached to this form:

- a certificate stating the expected date of birth
- a certificate of fitness to work (can be provided 2 weeks prior to maternity leave)
- documentation confirming date of placement/date of becoming primary caregiver
- if application does not meet standard Parental Leave provisions, a supporting statement signed by Head of School

Signature:..... Date:

RECOMMENDATION- FOR PARENTAL LEAVE

Supervisor:

Name: (please print):Signature:Date:

Head of School/Branch Head:

Name (please print):Signature:Date:

Is the applicant's employment Research Grant Funded? Yes No

If yes, please state Grant Body:Grant Scheme:

AUTHORISATION- FOR PARENTAL LEAVE

Executive Dean/Corporate Manager/Divisional Head: (For approval)

Name (please print):Signature:Date:

Approved: Not Approved: If not approved please state reason

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