

## Request for Parental Leave Form

Name:

Position:

Date:

Employment commencement date:

### What type of parental leave are you applying for?

<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Special maternity leave (due to pregnancy related illness or end of pregnancy otherwise than by the birth of a living child)	<input type="checkbox"/> Paternity leave	<input type="checkbox"/> Adoption leave
<input type="checkbox"/> Pre-adoption leave			

**Expected date of birth/placement of child:**

\_\_\_\_\_

### Intended period of leave

Your total period of intended absence: \_\_\_\_\_ weeks/days

#### *Important Note:*

- *Not all employees have a legal entitlement to take parental leave. Your entitlement to parental leave will be dependent on the terms of your contract of employment, any relevant policy and the relevant legislation.*
- *Any total period of absence on maternity leave (including special maternity leave and ordinary maternity leave), paternity leave (including short paternity leave and long paternity leave) and adoption leave (including short adoption leave and long adoption leave) cannot be more than 52 weeks, less any period paid leave taken by you (eg annual leave or long service leave) and of leave your partner/spouse is taking in connection with the birth/adoption of the child, apart from 8 weeks (either in total or in separate periods) where you both can take concurrent leave. Concurrent leave may be taken from the date of birth (for birth-related leave) or the day of placement (for adoption-related leave). Employees must give 10 weeks' notice of their intention to take concurrent parental leave and the concurrent leave is deducted from the total entitlement to unpaid parental leave.*
- *Pre-adoption leave and paid leave where there is no safe job available for you to perform, do not count towards the 52 week limit.*

Commencement date of leave: _____		Return Date: _____	
Last day of leave: _____			
<b>TOTAL period of <u>your</u> leave</b>		_____ weeks/days	
Total period of leave your partner/spouse is taking in connection with the birth/adoption of your child:		_____ weeks/days	
<b>What leave entitlements are you applying for to cover your absence?</b>			
Maternity leave	_____ days	Annual leave	_____ days
Special maternity leave (due to pregnancy related illness or end of pregnancy otherwise than by the birth of a living child)	_____ days	Long service leave Pre-adoption leave (up to 2 days unpaid)	_____ days _____ days
Short paternity leave	_____ days	Short adoption leave	_____ days
Long paternity leave (primary care-giver)	_____ days	Long adoption leave (primary care-giver)	_____ days
Other leave — please specify type of leave _____		_____ days	

**Arrangements during period of parental leave**

Please indicate which matters you would like to be contacted about during your period of parental leave

I would like to be contacted about positions vacant — YES/NO

I would like to be contacted about pay review and bonus information — YES/NO

I would like to be contacted about staff social functions — YES/NO

I would like to be contacted about staff briefings — YES/NO

What other matters would you like to be contacted about?

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**Preferred contact method**

Email:

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Phone: \_\_\_\_\_ mobile/home telephone \_\_\_\_\_

**Attachments to form**

**Medical certificate** (maternity leave, special maternity leave, paternity leave only)

**Statutory declaration** (ordinary maternity leave, special maternity leave due to end of pregnancy otherwise than by the birth of a living child, long paternity leave and adoption leave)

**Other** (for example, placement notice, placement approval notice, statement from adoption agency)