USING THE PARENTAL LEAVE APPLICATION FORM

1. Applicants should read the University of Tasmania Staff Agreement before completing this application.
2. To receive assistance in completing this application please contact your People and Wellbeing Business Partner or People and Recruitment Advisor.
3. When applying to access Maternity/Adoption Leave a medical certificate confirming the pregnancy and the expected date of delivery must accompany this application before it can be approved or processed. If you wish to work beyond 6 weeks prior to the expected birth, a medical certificate is required to confirm you are fit to work.

If you wish to make a change to your Parental Leave arrangements after submission of this form, you will be required to submit a new Parental Leave Application Form marked "Amended" with at least 14 days' notice of the requested change, unless otherwise agreed. Any request for a change to your Paternity Leave arrangements will be subject to approval by the University.

Section 2 – Maternity/Adoption Leave details

In this section please enter details of the leave you wish to access.

The start date for 100% paid Maternity/Adoption Leave will be the very first day of your Maternity/Adoption Leave. Maternity/Adoption Leave is inclusive of **University public holidays** and concludes no later than 52 weeks after the first day of your Maternity/Adoption Leave commencement, unless it is extended by a further period of Maternity/Adoption Leave approved by the University.

Part-time staff must indicate hours and days worked in Section 2 to ensure correct leave is recorded and paid.

Return to Work Date is the first day you attend work after your absence on Maternity/Adoption Leave.

Your nomination of options are non-binding. If you wish to formally return to work on a part time basis you must complete a Flexible Working Arrangements Request.

Leave Types

- Standard Maternity/Adoption Leave - 100% paid Maternity/Adoption Leave will pay 100% of your ordinary rate of pay as specified by the relevant University of Tasmania Staff Agreement based on your fraction for 14 weeks.
- Standard Maternity/Adoption Leave - 50% paid Maternity/Adoption Leave will pay 50% of your ordinary rate of pay as specified by the relevant University of Tasmania Staff Agreement based on your fraction for 28 weeks of paid Maternity/Adoption Leave.

An additional 12 week period of 100% paid Maternity/Adoption Leave is accessible after the Standard 100% paid Maternity/Adoption Leave period has been exhausted. This additional entitlement is on the basis of a commitment by the employee to return to work for a period of 26 weeks following the period of Maternity/Adoption Leave. This additional entitlement is only accessible after exhausting the 14 week 100% paid Maternity/Adoption Leave period.

- Additional Maternity/Adoption Leave - 100% of the applicable ordinary rate of pay over a period of 12 weeks as specified by the relevant University of Tasmania Staff Agreement based on your fraction.
- Additional Maternity/Adoption Leave - 50% of the applicable ordinary rate of pay over a period of 24 weeks as specified by the relevant University of Tasmania Staff Agreement based on your fraction.

- If you and your spouse are both employed by the University and you are succeeded by your spouse as the primary caregiver for your child, you may transfer any remaining portion of your 100% paid Maternity/Adoption Leave entitlement to your spouse, subject to the provisions of the relevant University of Tasmania Staff Agreement.
- Unpaid Maternity/Adoption Leave can be accessed provided that the initial period of paid and unpaid Maternity/Adoption Leave does not exceed 52 weeks. Staff members are able to request a further period of unpaid Maternity/Adoption Leave (up to a further 52 weeks) following the first 52 weeks.

NOTES:

If you choose not to use all of your 100% paid standard Maternity/Adoption Leave entitlement, you will forfeit the unused portion of your entitlement upon the expiry of the 52nd week following the commencement of your Maternity/Adoption Leave or the date of your termination of employment, whichever is the earlier.

If you wish to formally request an extension of unpaid Maternity/Adoption Leave you should refer to the University of Tasmania Staff Agreement, Parental Leave and complete an Extension of Parental Leave Request. The application is to be submitted no later than four weeks prior to your return date, but it is suggested that you should consider submitting your application up to 3-6 months prior to your intended return date so that appropriate consideration and arrangements can be made.

Any University of Tasmania Staff Agreement increases or increments due during Maternity/Adoption Leave will be applied to all leave payments and the payment of return-to-work conversion options.

Return to Work Date is the first day you attend work after your absence on Maternity/Adoption Leave.

Section 3 (Optional) – Preliminary indication of return to work plans

In Section 4 of the form you can give a preliminary indication of whether you intend to request a reduced working year arrangement, a reduced fraction for a specified period of time, or an unpaid extension of Maternity/Adoption Leave. This section is optional and the preliminary indication is not binding upon you. It does not constitute a formal request for the arrangement. It is simply a preliminary indication that assists in workforce planning and potentially accommodating future requests.

At the end of a period of Maternity/Adoption Leave, a staff member may resume work subject to providing confirmation of return. Such confirmation is to be provided in at least four weeks prior to the date of return.

You may return to work on your existing employment conditions or request a Flexible Working Arrangement. You should consult the University of Tasmania Staff Agreement and the Flexible Working Arrangement Guidelines and complete a Flexible Working Arrangement Form if you wish to request alternative working arrangements.

The University of Tasmania is a Breastfeeding Friendly Workplace.

1. Employee Details									
Employee Number									
Title:		**Family name:**			**First Name:**				
Contact Details		**Phone number:**	BH:		AH:				
		Email Address:							
		School/Unit/ Department:							
		Faculty/Institute/Division:							
		Line Manager:							
Employment details		**Employment start date:**	____/____/___		**Continuous service with the University:**				
		Classification: ☐ Academic ☐ Professional ☐ ELC	**Position Type:** ☐ Continuing ☐ Fixed-Term ☐ Casual		☐ 24 months or more; or ☐ at least 12 but less than 24 months; or ☐ less than 12 months.				

2. Maternity/Adoption Leave details					
Leave Description				**Start Date**	**End Date**
☐	1 **OR** 2	100% Paid Maternity/ Adoption Leave **OR** 50% Paid Maternity/ Adoption Leave	100% paid Maternity/Adoption Leave for your employed fraction for 14 weeks.		
☐			50% paid Maternity/Adoption Leave for your employed fraction for 28 weeks.		
☐	3 **OR** 4	100% Paid Additional Maternity/ Adoption Leave **OR** 50% Paid Additional Maternity/ Adoption Leave	100% paid additional Maternity/Adoption Leave for your employed fraction for 12 weeks based on agreeing to return to work for 26 weeks on completion of your Maternity/Adoption Leave period.		
☐			50% paid additional Maternity/Adoption Leave for your employed fraction for 24 weeks based on agreeing to return to work for 26 weeks on completion of your Maternity/Adoption Leave period.		

☐	5	Transfer to spouse	Transfer any remaining 100% paid Maternity/Adoption Leave entitlement to your spouse (provided he/she is also employed by the University) from the date that he/she succeeds you as primary caregiver. Spouse name: Spouse Faculty/Division: Spouse organisational unit:		
☐	6	Unpaid Maternity/ Adoption Leave	Up to the maximum period of 52 weeks which is inclusive of all leave types.		
☐	7	Annual/Long Service Leave	Up to the maximum period of 52 weeks which is inclusive of all leave types.		

Part-time staff only:

Please indicate days ordinarily worked during leave period. If not full days provide fraction of day or hours:

☐ **Monday** **____ Hours**	☐ **Tuesday** **____ Hours**	☐ **Wednesday** **____ Hours**	☐ **Thursday** **____ Hours**	☐ **Friday** **____ Hours**	☐ **Saturday** **____ Hours**	☐ **Sunday** **____ Hours**

3. Spouse or Partner Leave

☐	1	Paid spouse or partner Leave	Up to the maximum period of 10 days.		
☐	2	Unpaid spouse or partner Leave	Up to the maximum period of 2 weeks.		

4. Preliminary indication of return to work plans (optional)

As a preliminary indication only (non-binding), at the expiration of your Maternity/Adoption Leave you presently intend to:

Return to your pre-Maternity/Adoption Leave fraction?	☐ Yes ☐ No
Request a voluntary reduced working year?	☐ Yes ☐ No
If yes, specify reduced working year arrangement intended (eg. 48 weeks):	
Request a reduced fraction for a specified period	☐ Yes ☐ No
If yes, specify fraction you would prefer to return on (eg. 0.6 FTE):	
Request an unpaid extension of Maternity/Adoption Leave of up to a further 12 months (a maximum of 24 months of leave from original Maternity/Adoption Leave commencement)	☐ Yes ☐ No
If yes, specify period of extension intended (Important to note you must complete an extension of Parental Leave Application Form for assessment):	

Please note, when the time comes to returning to work from Maternity/Adoption Leave any proposed changed working arrangements will need to be confirmed in accordance with the University's Flexible Working Arrangement Guidelines and the completion of a Flexible Working Arrangement Request Form.

5. Additional Information	
Have you included a medical certificate confirming your pregnancy and expected date of delivery?	☐ Yes ☐ No
Do you wish to use your accumulated annual/long service leave as part of your 52 weeks Parental Leave?	☐ Yes ☐ No
Are you an academic staff member currently on probation?	☐ Yes ☐ No

6. Employee Declaration

I acknowledge that:

1. I understand that as a condition of receiving any payment for the additional 12 weeks of paid Maternity/Adoption Leave I agree to return to work at the end of the period of Maternity/Adoption Leave and sets out obligations to repay some or all of the paid Maternity/Adoption Leave entitlement in certain circumstances.
2. I acknowledge and agree that Maternity/Adoption Leave beyond the first 14 weeks does not constitute service for the purposes of leave accrual or for the probationary period of service.
3. I understand that the approval of leave is subject to confirmation of entitlement and that I am responsible for all salary deductions (eg Health Insurance Cover) during periods of unpaid leave.
   NOTE: The deferred end date of any probationary period will be communicated to the staff member upon processing of the leave form.

Signature:		**Date:**	

7. Authorisation

Please consult with People and Wellbeing to ensure eligibility before authorising.

Supervisor:				**Head of School/Unit/Department:**			
Signature:				**Signature:**			
Name:				**Name:**			
Date:		**Ext:**		**Date:**		**Ext:**	

People and Wellbeing Use Only			
Processed by	Date / /	Checked by	Pay Period

For assistance, please contact your People and Wellbeing Business Partner or People and Recruitment Advisory Team

Please submit this completed request through Service Now