



**HUMAN RESOURCES
LEAVE APPLICATION**
(Do not use for Parental Leave)

SECTION 1 - PERSONAL DETAILS

Employee number Family name

First names Telephone

School/Admin Dept

Please indicate if you are: Part-time Full-time Working Annualised Hours

Please specify below, the total hours worked each day (HR Use Only : FL604)

| M | T | W | Th | F | S | Su | M | T | W | Th | Pay Day F | S | Su |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

SECTION 2 - TYPE OF LEAVE (Dates to be inclusive)

Please indicate full pay/half pay/double pay (LSL only)

| Leave Type | From (dd/mm/yy) | To (dd/mm/yy) | Hours (professional) (in 15 min increments) Calendar Days (academic) |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3 - PAY IN ADVANCE & DEDUCTION DETAILS

A **Pay in Advance** is available for Rec & LSL only **complete pay periods only**, provided 4 weeks notice is given to HR. Would you like to receive pay in advance? Yes No

If your pay in advance extends beyond 30 June, your tax may be affected. Would you like your pre-payment to be split between tax years (first pre-payment in current financial year; second pre-payment in first pay in July). Please note that once chosen, this option **cannot** be cancelled. Yes No

B **Parking deductions from pay** (available for complete pay periods for leave of 4 months and greater)
To cancel parking deductions contact UniPark on ext 1229 or 7184 or access the [Parking Deduction Cancellation](#) Form at: http://www.hr.uwa.edu.au/forms_placeholder and submit to UniPark.

Employee signature Date (dd/mm/yy)

Employee name (please print)

SECTION 4 - LEAVE APPROVAL

Does this employee receive a non-superable allowance, eg, HDA, special allowance etc? Yes No

If "Yes", should they receive this allowance while on leave? (see conditions below) Yes No

I confirm that the relevant health department contact has been informed of this leave and whether it is to be accessed at double or half pay (Clinical Academics only). Yes

Signature of Approved Delegate (See HR Delegations) Date (dd/mm/yy)

Name (please print) Telephone

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SECTION 5 - CONDITIONS OF LEAVE

Sick Leave Satisfactory medical evidence is required for sick leave of 3 or more consecutive days.

General Staff Only

Higher Duties Allowance (HDA) Where an employee who has been receiving a higher duties allowance for a continuous period of 12 months or more, proceeds on:

1. a period of normal annual leave, or
2. a period of any other approved leave of absence of not more than one calendar month

the employee shall continue to receive the allowance for the period of the leave, provided that this sub-clause shall also apply to an employee who has been in receipt of an allowance for less than 12 months if during the employee's absence no other employee acts in the position in which the employee was acting prior to proceeding on leave and the employee resumes in the office immediately after leave. 'Normal annual leave' means an annual period of recreation leave of 4 weeks (5 weeks in the case of shift workers), and shall include any of the holidays and leave accrued during the preceding 12 months taken in conjunction with such annual recreation leave.

Where an employee who is in receipt of an allowance granted under this clause proceeds on:

1. a period of annual leave in excess of the normal, or
2. a period of any other approved leave of absence of more than one calendar month

the employee shall not be entitled to receive payment of such allowance for the whole or any part of the period of such leave.

SECTION 6 - CURRENT APPROVER

If you are an ESS leave approver, and no-one will be acting in your position whilst away, please indicate the name of the temporary delegated leave approver.

HR Employment : Please pass this form to Systems for delegation change.

Employee number Family name

First names Ext.

Position title Position number

BU Description

Current Approval Signature Date (dd/mm/yy)

SECTION 7 - TEMPORARY DELEGATE APPROVER

Employee number Family name

First names Ext

Position title Position number

BU Description

Start Date (of delegation) End Date (of delegation)