

**Personal details:**

Staff Number: \_\_\_\_\_ Ext: \_\_\_\_\_  Full Time  Part Time  
 Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_  
 Division/Office: \_\_\_\_\_ Department: \_\_\_\_\_

**Leave Types:** For details of all leave types, please refer to section 4.1 of the 2006-2009 Enterprise Agreement.

- Personal Sick
- Carers Sick
- Parental / Partners Leave
- Moving
- Long Service Leave @ Half Pay
- Jury / Witness Leave
- Leave Without Pay
- Family Emergency
- Compassionate / Bereavement
- Defence Forces
- Leave to assist in emergencies and disasters
- Religious, cultural and ceremonial obligation

**Step 1: Leave details:** Enter full details for each day of leave. The number of hours of leave each day cannot be greater than 7 hours, or your rostered hours.

Date of Leave	Hours	Leave Type
Thu	/ /	
Fri	/ /	
Sat	/ /	
Sun	/ /	
Mon	/ /	
Tue	/ /	
Wed	/ /	

Date of Leave	Hours	Leave Type
Thu	/ /	
Fri	/ /	
Sat	/ /	
Sun	/ /	
Mon	/ /	
Tue	/ /	
Wed	/ /	

**Step 2: Leave summary:** The leave type, dates, and total hours must match the above.

Leave Type: \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ **Total No. of Hours:** \_\_\_\_\_  
 (Inclusive)  
 Leave Type: \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ **Total No. of Hours:** \_\_\_\_\_  
 (Inclusive)

**Step 3: Reason and Supporting Documentation for Leave Taken: Documentation must meet University Policy requirements and be stapled to this form.**

Attached  Reason for leave and /or Relationship to me is: enter below

**Required documentation:**

- Personal sick: less than 4 days = none, 4 days or more = Medical Certificate
- Carers = Medical Certificate for family member
- Moving = Change of address form
- Jury/Witness = Summons plus cashiers receipt
- Compassionate/Bereavement = Statutory Declaration/Death notice
- Family emergency = Statutory Declaration
- Assist with emergency/disaster = Copy of registration for volunteer organisation
- Religious/cultural/ceremonial = Statutory Declaration
- Parental = Medical Certificate
- Long Service = none
- Without Pay = none
- Defence = Notice of Active Duty

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Division/Office Use:**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
 Approved subject to policy guidelines: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
 Head or HR Delegate

**HR Use:**

HR Processed/Entered \_\_\_\_ (inits) Date: \_\_\_ / \_\_\_ / \_\_\_ HR Checked \_\_\_\_ (inits) Date: \_\_\_ / \_\_\_ / \_\_\_