

# BLANK LEAVE APPLICATION

## 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"/>	<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"/>	<input type="text"/>

- Eligibility to paid [parental leave](#):
- ☐ 26 weeks paid parental (minimum 12 months up to 5 years continuous service)
  - ☐ 36 weeks paid parental (5 years or over continuous service)
  - ☐ 14 weeks paid parental (minimum 12 months continuous service—no qualifying period met on subsequent parental leave)
  - ☐ 14 weeks paid parental - Child Care Agreement

\* Parental Leave can commence up to six weeks prior to expected date of birth. See section 5 for applications prior to 6 weeks.

## SECTION 2 - TYPE OF LEAVE (Dates to be inclusive. Maximum: 104 weeks.)

Leave Type (Paid/Unpaid Parental, Rec, LSL)	From (dd/mm/yy)	To (dd/mm/yy)	Hours */ Weeks *	% of Salary
<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"/>	<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"/>	<input type="text"/>

\* Parental Leave - Weeks. Recreation Leave, LSL - Hours.  
Any Recreation or LSL taking during the first six weeks prior to the birth or placement of the child is counted as part of the 104 weeks.

## SECTION 3 - PAYMENT INSTRUCTIONS

Please tick appropriate option/s -

- ☐ Pay on a Fortnightly Basis (100%)
- ☐ Pay in Advance This is available for **complete pay periods** only, provided four weeks notice is given to HR.
- ☐ Split Pay Between Financial Years Your tax may be affected if your pay in advance extends beyond 30 June. Pre-payment may be split between tax years (first pre-payment in final pay in June; second pre-payment in first pay in July). Please note that once chosen, this option **cannot** be cancelled.
- ☐ Double the Period of Entitlement on Half Pay (50%) On agreement with your supervisor.
- ☐ **ACADEMIC STAFF ONLY:** Conversion of a period of paid parental leave into approved University account for the purposes of re-establishing an academic career.

% of employee's paid parental leave

\* Max. Period that may be converted is up to 50%. Parental leave entitlement reduced by the same period.

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**SECTION 4 - APPLICATION/NOTIFICATION AND DOCUMENTATION REQUIREMENTS**

(Please refer to the [University Policy on Parental Leave](#) (including Partner Leave) for full details)

Application/Notification Requirements

*Prior to commencement of leave*

- This application must be submitted at least 10 weeks before the date you are intending to commence paid or unpaid parental leave.
- If adopting a child, a shorter period is acceptable if the adoption agency requires an earlier placement of the child, or for other special circumstances.

*After commencement of leave*

- Employees should contact their work area to confirm their return to work at least four weeks prior to returning.
- Employees may reduce or extend the period of leave advised on their original application by providing a minimum of four weeks' written notice. Please note: **only one variation to the return to work date is allowed.**

Documentation Requirements

*Prior to commencement of leave*

- Parental Leave Application.
- Medical confirmation of pregnancy with estimated date of birth/statement of intention to adopt with estimated date of placement.
- Witnessed Declaration confirming role as primary care giver (for paid parental leave only). Pro-forma in Section 5 below.

*After birth/adoption of child*

- Medical/birth certificate confirming the date of birth, or
- Appropriate documentation from the relevant adoption agency confirming the date of place.
- Certificate from a registered medical practitioner indicating fitness to resume work if you wish to return to work less than six weeks after the birth date.

**SECTION 5 - PARENTAL LEAVE DECLARATION**

I  (full name)  
do solemnly and sincerely declare that:

1. In relation to the period of parental leave sought, I will be the primary care giver and will assume the principal role for the delivery of care and attention to the child/children. Any assistance utilised in this respect will only be for short periods or to supplement my role as the principal provider of care and attention to the child/children.
2. My partner will be engaged in full-time paid employment, full-time study or other approved verifiable activities during the period of parental leave I have sought, and will not be providing care to the child/children during the hours that I would otherwise regularly work at the University.
3. My partner—

☐ will not be accessing any paid parental leave in respect of birth or adoption of this child.

☐ will be accessing  weeks paid parental leave in respect of birth or adoption of this child.

4. I would like to apply to commence parental leave earlier than 6 weeks prior to the expected date of birth on medical/compassionate grounds.\*\*

Signature of Employee

Date (dd/mm/yy)

Name of Supervisor

Signature of Supervisor

Date (dd/mm/yy)

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**SECTION 6 - EMPLOYEE'S LEAVE DECLARATION AND SIGNATURE**

**Declaration :**

- ☐ I confirm that I have read and understand the terms and conditions contained in the UWA Parental Leave Policy.
- ☐ I confirm that I understand that only one variation (either reduction or extension) to this leave is permitted.\*
- ☐ **I confirm that I have attached medical confirmation of pregnancy with estimated date of birth**  
(or statement of intention to adopt with estimated date of placement) **to this application.**
- ☐ I confirm that information given on this form is true at the time of completion. I am aware that supplying false or misleading information may lead to disciplinary action.

Employee signature

Date (dd/mm/yy)

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Employee name (please print)

\* Restriction is codified in [policy](#).

\*\* Application will need to be made to Director, HR as per [policy](#). Please attach evidence.

**SECTION 7 - PARENTAL LEAVE APPROVAL (APPROVED DELEGATE)**

Signature of Approved Delegate (Band 5b minimum, eg School Manager - see HR Delegations)

Date (dd/mm/yy)

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Name (please print)

Telephone

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**SECTION 8 - 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	<input type="text"/>	Family name	<input type="text"/>
First names	<input type="text"/>	Ext	<input type="text"/>
Position title	<input type="text"/>	Position number	<input type="text"/>
BU Description	<input type="text"/>		
Start date (of delegation)	<input type="text"/>	Date	<input type="text"/> (dd/mm/yy)

**SECTION 9 - TEMPORARY DELEGATED APPROVER**

Employee number	<input type="text"/>	Family name	<input type="text"/>
First names	<input type="text"/>	Ext	<input type="text"/>
Position title	<input type="text"/>	Position number	<input type="text"/>
BU Description	<input type="text"/>		
Start Date (of delegation)	<input type="text"/>	End Date (of delegation)	<input type="text"/>