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|  | Leave Application |

# Staff Member Details

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| **Title** |  | **University ID** | U | |
| **Family Name** |  | **Telephone** |  | |
| **Given Names** |  | | | |
| **C****ollege/Div/Centre** |  | **Dept/School/Section** | |  |

# Please Note

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| * Please refer to The Varied Australian National University Enterprise Agreement 2005-2009 for leave provisions at <http://info.anu.edu.au/hr/salaries_and_conditions/Enterprise_Bargaining/_EBA2008to2009.pdf>. * Paid leave can be applied for, and credits checked, using HORUS – <https://esapps.anu.edu.au/sscsprod/psp/sscsprod/?cmd=login>. * Please clearly mark the appropriate box/s with an X. * Please consult with your Case Manager if you are currently in receipt of Workers Compensation before applying for any leave. |

**Leave Type**

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| **Please mark only one leave type. For more than one leave type, please complete separate forms for each type.**  Annual Leave  Long Service Leave(please specify) Full Entitlement or Half Entitlement  Leave without pay (state reason) –  Personal Leave (please specify below). Is a medical certificate attached?   Yes  No  Personal leave type:  Sick  Family Care  Bereavement  Cultural  Compassionate  Other Leave - Please specify\*       *\*eg Jury and Witness Service, Defence service training, Study Leave*  **Parental Leave / Grandparent leave *(see Clauses 47 and 48)***  Maternity Leave – first 14 weeks (please specify) – *attach medical certificate*   Full entitlement or Half Entitlement  Parental Leave – next 6 weeks (please specify)   Full entitlement, or   Half Entitlement  Adoption Leave (please specify)  Full entitlement, or  Half Entitlement  Partner Leave  Unpaid leave (please specify)  Parental  Adoption  Partner Grandparent  Career re-entry assistance: please attach agreed plan on the taking of this leave *(see Clause 47.5 for guidance)* |

**Period of Absence**

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| **First Working day absent:**       **Last Working day absent:**  Number of days       **OR** Number of hours | | | |
| **Staff Member Signature:** | |  | **Date:** |  |

**APPROVAL**

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| **Do you approve leave?** **Yes** **No. If No, please state reason:** | | | |
| **Supervisor Name:** |  | **Date** |  |
| **Supervisor Signature:** |  | **Phone** |  |
| **D****elegate Name:** |  | **Date** |  |
| **Delegate Signature:** |  | **Phone** |  |

**OFFICE USE ONLY**

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| **UniSuper** |