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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.
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**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** |