



**Note:** Your Leave balances may be viewed on **myHRonline**.

## Staff Member's Details

**Employee No.:** \_\_\_\_\_ **Job No.:** \_\_\_\_\_ (If you occupy more than one Position complete a separate Leave form for each job)

**Surname:** \_\_\_\_\_ **First Name/s:** \_\_\_\_\_

**Faculty/School/Unit:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Type of Employment:**  Full Time  Part Time  Regular & Systematic Casual  
 Permanent  Fixed-Term Contract End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### (A) LEAVE PRIOR TO PARENTAL LEAVE ( Complete this Section if applying for Annual Leave or Long Service Leave prior to commencing your parental leave arrangements )

**Note:** Any leave in excess of the 52 week parental leave period is discretionary and will only be approved subject to operational requirements.

	Leave Type	Start Date	End Date	Hours / Days
<input type="checkbox"/>	Annual Leave			
<input type="checkbox"/>	Long Service Leave - Full Pay			
<input type="checkbox"/>	Long Service Leave - Half Pay			

### (B) PARENTAL LEAVE ARRANGEMENTS

**Entitlement:** A staff member's total absence on parental leave, (whether paid, unpaid or a combination of both) will not exceed 52 weeks from the date of commencement of the leave or the date of birth (or placement) of the child.

**Paid Maternity Leave:**

- Less than 1 year service:** 1 week on full pay or 2 weeks on half pay, per completed month of paid service.
- Over 1 year of service:** 14 weeks on full pay or 28 weeks on half pay.
- Over 2 years of service:** 14 weeks on full pay or 28 weeks on ½ Pay **plus** the equivalent of 22 weeks' salary, which may be taken as:

**Enhanced Maternity Leave (EML)** i.e. up to a further 38 weeks maternity leave at 60% of salary.

**Enhanced Maternity Benefit (EMB)** This is a **funded return to work program**. Applications for EMB require a comprehensive budget outlining the proposed program or benefits and anticipated costs.

**Leave by your partner** Provided your partner works for the University and will be the primary carer.

- Unpaid Parental Leave** Up to 52 consecutive weeks.
- Any entitlements to paid parental leave or related benefits not accessed or approved within 52 weeks of the date of birth (or placement) of the child will be forfeited.**

For further details refer to the Parental Leave provisions in the General Staff Agreement, the Academic Staff Agreement , or your AWA'.

### APPLICATION

Paid Maternity / Adoption Leave		Start Date	End Date	Weeks
<input type="checkbox"/>	Maternity Leave - Full Pay (up to 14 weeks)			
<input type="checkbox"/>	Maternity Leave - Half Pay (up to 28 weeks)			
Other Paid Leave (for staff <u>not</u> entitled to EML)		Start Date	End Date	Weeks / Hours
<input type="checkbox"/>	Annual Leave			
<input type="checkbox"/>	Long Service Leave - Full Pay			
<input type="checkbox"/>	Long Service Leave - Half Pay			
Unpaid Parental Leave		Start Date	End Date	Hours
<input type="checkbox"/>	Unpaid Parental Leave (UPL)			
<input type="checkbox"/>	Unpaid Adoption Leave (UAL)			
<input type="checkbox"/>	Extended Duration Partner Leave (EPT)			
<input type="checkbox"/>	Short Term Duration Partner Leave (SPT)			
Enhanced Maternity/Adoption Leave (EML)		Start Date	End Date	Weeks / Days / Hours
<input type="checkbox"/>	Enhanced Maternity Leave (at 0.6 FTE to a maximum of 38 weeks)			
<input type="checkbox"/>	Annual Leave taken in Conjunction with EML (eg at 0.4 FTE)			
<input type="checkbox"/>	<b>Work Arrangements in Conjunction with EML</b> Note: Part-time work arrangements in conjunction with EML are discretionary and will only be approved subject to operational requirements.	Start Date	End Date	Hours

<b>Indicate preferred Working Arrangements in conjunction with EML. (General Staff Only)</b>								
Week	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Total Hrs
1								
2								

**Enhanced Maternity / Adoption Benefits (EMB)**  
 EMB may incur Fringe Benefits Tax. Any taxation payments are payable by the employee and will be deducted from your EMB entitlement. To claim a payment / re-imbusement, a *Payment Request Form* must be completed with specific details of the amount and to whom payments are to be made. Receipts or invoices are required.

Provide details (including costs) of the proposed enhanced maternity benefits / funded return to work program.

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Leave by your Partner		Start Date	End Date	Hours
<input type="checkbox"/>	<b>Partner Name:</b> _____ <b>Partner Employee No:</b> _____			

**AGREEMENT TO RETURN TO WORK (Must be Completed in order to access any form of EML or EMB)**

I, \_\_\_\_\_ (INSERT NAME) acknowledge that I have requested and intend to take enhanced maternity leave benefits. I understand that as a condition of accessing the additional parental leave benefits I am required to return to the University for a period of 26 weeks following parental/maternity leave. If I do not return to the University or I leave the University prior to the completion of the 26 week period I agree to repay all monies received or paid in excess of the 14 weeks paid maternity leave, from any termination entitlements. I agree that, should there remain an outstanding liability, I will immediately repay the amount owing by cheque, money order or direct credit into the University's Bank Account.

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**(C) LEAVE AFTER PARENTAL LEAVE (Complete this Section if applying for Annual Leave or Long Service Leave after completion of your 52 weeks parental leave arrangements)**

**Note:** Any leave in excess of the 52 week parental leave period is discretionary and will only be approved subject to operational requirements.

Leave Type	Start Date	End Date	Hours / Days
<input type="checkbox"/> Annual Leave			
<input type="checkbox"/> Long Service Leave - Full Pay			
<input type="checkbox"/> Long Service Leave - Half Pay			
<input type="checkbox"/> Leave without Pay			

**(D) RETURN TO WORK ARRANGEMENTS**

**Note:** An Application for returning to work on a part-time basis, or to different arrangements to those that existed prior to taking parental leave, must be negotiated with, and approved by, your Head of Department / School or Delegated Officer.

I am:

- Returning to my substantive working arrangements that existed prior to Parental Leave.
- Applying to return to different working arrangements:
  - Temporary Arrangement **End Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - Ongoing

Proposed Working Arrangements		Start Date	End Date	Weekly Hours																											
<input type="checkbox"/>	Full Time Employment																														
<input type="checkbox"/>	Part Time Employment																														
<p><b>For Part-time employment arrangements, please indicate the proposed hours to be worked each day in the two week period. (Please confirm, or discuss changes to, these arrangements at least 4 weeks prior to your return to work).</b></p> <table border="1"> <thead> <tr> <th>Week</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Total Hrs</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Week	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Total Hrs	1									2								
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1																															
2																															

**Additional Comments**

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**Employee Signature**

I agree to meet the requirements of the Parental Leave provisions as outlined in my Agreement (the University of Sydney General Staff Agreement, the University of Sydney Academic Agreement or Australian Workplace Agreement).

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Confirmation of Parental Leave Applications will be provided in writing.

**Delegated Authority's Approval**

- (A) Leave Prior to Parental Leave Arrangements Approved  Not approved  N/A
- (B) Parental Leave Arrangements
  - Leave (including Enhanced Maternity Leave) Approved  N/A
  - Enhanced Maternity Benefits (EMB) Approved  Not approved  N/A
  - Work arrangements in conjunction with EML Approved  Not approved  N/A
- (C) Leave After Parental Leave Arrangements Approved  Not approved  N/A
- (D) Proposed Return to Work Arrangements Approved  Not approved  N/A

Name of Delegated Authority: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Signature of Delegated Authority: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

**For HR Service Centre Use**

Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked By: \_\_\_\_\_ Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Confirmation Letter of Parental Leave Application sent to Employee \_\_\_\_/\_\_\_\_/\_\_\_\_