



**Instructions for completing the Application for Leave Form**

1. The Application for Leave form must be completed & submitted prior to the staff member proceeding on leave (sick leave excepted).
2. For leave entitlements & conditions refer to the relevant Monash University Enterprise Agreement <http://www.monash.edu.au/entbarg/>, or the Workplace Policies and Procedures (WPP) at <http://www.adm.monash.edu.au/workplace-policy/>.
3. All sections of this form must be fully completed. Incomplete forms will cause a delay in processing.
4. To **amend** or **cancel** an application, please provide a new form, authorised and clearly marked "**Amended Application**" or "**Cancelled**", together with a photocopy of the original application.
5. Leave for conferences, research and other such purposes should be submitted to the faculty for recording purposes.

**REMINDER ... ARE YOU A SAP USER?**

If you are a SAP user and will be away for more than 10 working days, have you completed a "Request for Temporary Access Delegation Form" (IAS036), which is available from <http://www.adm.monash.edu.au/workplace-policy/forms/>, for your temporary replacement? **Please note: Allow 2 weeks minimum for this form to be processed**

SECTION 1 – STAFF MEMBER'S DETAILS (To be completed by Staff Member)										
Personnel Number										Academic <input type="checkbox"/> General Staff <input type="checkbox"/> Trades & Services <input type="checkbox"/>
Title	Family Name				Given Name(s)					
Faculty/Division										
Organisational Unit						Campus				
Are you a member of the Voluntary Reduced Working Year Scheme? If yes – please tick the appropriate box: 50/52 <input type="checkbox"/> 48/52 <input type="checkbox"/> 46/52 <input type="checkbox"/> 44/52 <input type="checkbox"/>										

SECTION 2 – LEAVE DETAILS			
Leave Type (Select from list below)	First day of leave	Last day of leave	Working days or hours
1. Do you require payment in advance? (refer to <a href="http://www.adm.monash.edu.au/workplace-policy/remuneration/salaries/advance.html">http://www.adm.monash.edu.au/workplace-policy/remuneration/salaries/advance.html</a> )			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you included a medical certificate or statutory declaration with your application for sick, maternity, parental or dependant leave? For an online statutory declaration go to <a href="http://www.justice.vic.gov.au/justices">www.justice.vic.gov.au/justices</a>			Yes <input type="checkbox"/> No <input type="checkbox"/>

LEAVE TYPES			
Description	Description	Description	Description
Annual Leave	Maternity Leave – paid*	Pre-Natal Leave*	WorkCover*
	Parental Leave (Spouse/Partner Birth) – paid*		Transport Accident Commission Leave*
Sick Leave#	Adoption Leave*	Voluntary Reduced Working Year	Conference/Research/Consultancy Leave*
Carers Leave (for the care of staff members dependants)*		Leave Loading Substitution	
	Long Service Leave- full pay		Other leave (please specify)*
	Long Service Leave – half pay	Outside Studies Program-International*	
Compassionate Leave*	Long Service Leave – double pay	Outside Studies Program-Domestic*	

\* supporting documentation must be provided.

# supporting documentation should be provided where applicable, please see Workplace Policies and Procedures (WPP) for more information.

**Part-time staff only –**

Please circle days ordinarily worked during leave period. If not full days, provide fraction of day or hours.

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

SECTION 3 – DECLARATION BY STAFF MEMBER		
I understand that the approval of leave is subject to confirmation of entitlement & that I am responsible for all salary deductions (eg Health Insurance Cover) during periods of unpaid leave.		
Signature _____	Date ___ / ___ / ___	Contact Ext. No. _____

SECTION 4 – AUTHORISATION BY ORGANISATIONAL UNIT (To be completed by Organisational Unit)			
Signature 1	Date ___ / ___ / ___	Signature 2	Date ___ / ___ / ___
(Supervisor)		(Dean, Head of Unit or other delegated person where it is a requirement, please see the relevant section in Workplace Policies and Procedures (WPP))	
Please print name		Please print name	

SECTION 5 – REQUIRED ONLY FOR CONFERENCE LEAVE (To be completed by the Faculty)	
Signature of Faculty person recording conference leave	
Please print name	Date ___ / ___ / ___

FOR HR OPERATIONS USE ONLY			
Processed by	Date / /	Checked by	Pay Period

**For assistance, please contact HR Enquiries on ext 20400**

Please return completed form to HR Operations, Human Resources Division, Monash University, 710 Blackburn Road, Clayton, 3800

Human Resources Division privacy collection statement is located at <http://privacy.monash.edu/guidelines/collection-personal-information.html#hr>