

RETURN FROM PARENTAL LEAVE AGREEMENT

Return From Parental Leave provisions are located in the applicable Enterprise Agreement, which is located at: adm.monash.edu.au/enterprise-agreements/

1. For advice about parental leave, please contact HR Enquiries on 9902 0400 or via email: hr@monash.edu.au
2. A copy of the completed form should be:
 - provided to the staff member; and
 - retained by the manager/organisational unit

SECTION 1 – STAFF MEMBER’S DETAILS			
Title	Family Name	Given Name(s)	
Email Address			
Telephone No	_____ - _____ AH/BH	Mobile	Other

SECTION 2 – PRE PARENTAL LEAVE EMPLOYMENT DETAILS				
Organisational Unit			Campus	
Personnel Number	_____	Position Title		
<input type="checkbox"/> Academic	<input type="checkbox"/> Research	<input type="checkbox"/> Technical	<input type="checkbox"/> Trades & Services	<input type="checkbox"/> Administration
Fraction		Hours per week		

SECTION 3 – PARENTAL LEAVE DETAILS		
Type of Leave: <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Domestic Partner Leave <input type="checkbox"/> Adoption Leave		
Date Parental Leave Commences _____ / _____ / _____		

SECTION 4 – RETURN FROM PARENTAL LEAVE EMPLOYMENT DETAILS	
Return to Work Date _____ / _____ / _____	Reduced Fraction: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fraction	Hours per week
Agreed Period of Reduced Fraction	
<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months
<input type="checkbox"/> 15 months	<input type="checkbox"/> 18 months
<input type="checkbox"/> Other (please specify period)	<input type="checkbox"/> 9 months
	<input type="checkbox"/> 21 months
	<input type="checkbox"/> 12 months (1 year)
	<input type="checkbox"/> 24 months (2 years)
Return to pre Parental Leave fraction Date _____ / _____ / _____	
A request for an alteration to the agreed period must be in writing AND must take into consideration the operational requirements of the work unit	
Would you like us to keep in contact with you while on Parental Leave Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 5 – ADDITIONAL COMMENTS
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SECTION 6 – AGREEMENT OF STAFF MEMBER AND MANAGER	
I agree to the return to work from parental leave reduced fraction and time period as specified above.	
Staff Member	Manager
Signature _____ Date _____ / _____ / _____	Signature _____ Date _____ / _____ / _____
<i>Please print name</i>	<i>Please print name</i>
Contact Extension No.	Contact Extension No.

SECTION 7 – CHECKLIST	
Please use the checklist below to ensure all necessary information has been included in the form.	
1. Have you read the Return from Parental Leave provisions?	<input type="checkbox"/>
2. Have you included the reduced fraction, agreed period of reduced fraction & dates at Section 4 above?	<input type="checkbox"/>
3. Has the staff member and the manager signed and dated the form at Section 6 above?	<input type="checkbox"/>

FORM TO BE RETAINED ON STAFF MEMBER’S PERSONNEL FILE BY HR OPERATIONS

For assistance please contact HR Enquiries on 9902 0400

Please return completed form to HR Operations, Monash HR, Monash University VIC 3800

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