



RETURN FROM PARENTAL LEAVE AGREEMENT

- Return From Parental Leave provisions are located in the applicable Enterprise Agreement which is located at: <http://www.monash.edu.au/entbarg/>
- For advice about parental leave, please contact HR Enquiries on 9902 0400 or via email: hr@adm.monash.edu.au
- 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 & Administration Services |
| 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"/> 9 months | <input type="checkbox"/> 12 months (1 year) |
| <input type="checkbox"/> 15 months | <input type="checkbox"/> 18 months | <input type="checkbox"/> 21 months | <input type="checkbox"/> 24 months (2 years) |
| <input type="checkbox"/> Other | (please specify period) | | |
| 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 |
|---------------------------------|
| |
| |

| 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 _____ / _____ / _____ |
| Please print name | Please print name |
| 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, 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>