



Application for Voluntary Reduced Working Year Scheme

All applications for participation in the Voluntary Reduced Working Year Scheme should be in accordance with Clause 31 of the Monash University Enterprise Agreement (Academic & General) 2005.

| Section 1 – Staff member’s Details | | | | | | | | | |
|------------------------------------|--|--|--|--|-------------|--|--------|--|--|
| Personnel Number | | | | | | | | | |
| Family Name | | | | | Given Names | | | | |
| Faculty/Department | | | | | | | | | |
| School/Section | | | | | | | Campus | | |

| Section 2 – Scheme Details | |
|--|---|
| I wish to apply for the Voluntary Reduced Working Year Scheme as outlined in the Enterprise Agreement (please tick as appropriate) | |
| <input type="checkbox"/> 50/52 (2 weeks additional leave) | <input type="checkbox"/> 48/52 (4 weeks additional leave) |
| <input type="checkbox"/> 46/52 (6 weeks additional leave) | <input type="checkbox"/> 44/52 (8 weeks additional leave) |
| Start Date for Voluntary Reduced Working Year: (must be the beginning of a pay period) ___/___/_____ | |
| Superannuation: (please tick appropriate) | |
| I have elected to continue contributing superannuation payments at my current amount <input type="checkbox"/> , OR | |
| I have elected to reduce my superannuation payments to reflect my reduced gross salary <input type="checkbox"/> | |

| Section 3 – Declaration by Staff Member | |
|---|-----------------|
| 1. I understand that under this arrangement I will be entitled to additional leave, as outlined above, and will receive salary proportionately reduced, spread across a 52 week period. | |
| 2. I acknowledge that should I take leave in excess of my entitlement under this scheme, due to resignation, change of fraction or early exit from the scheme, the university will offset this against my annual leave balance. | |
| 3. I acknowledge that I have read and understand the rules and regulations governing this scheme as outlined in the Monash University Enterprise Agreement (Academic and General) 2005 – Clause 31 | |
| Signature | |
| Date / / | Contact number: |

| Section 4 – Authorisation by Department | | | |
|---|----------|---|----------|
| Authorisation 1 – Supervisor | | Authorisation 2 – Dean, Head of Department/Head of Admin Unit | |
| Signature | | Signature | |
| Please print name | | Please print name | |
| Contact Extension No. | Date / / | Contact Extension No. | Date / / |

| HR OPERATIONS USE ONLY | | | |
|--|------------|----------|------------|
| Authorisation by Divisional Director, Human Resources Division or nominee. Approve: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Signature | | Date / / | |
| Processed by | Checked by | Date / / | Pay Period |

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>