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| **Parental Leave Application Form** |  |
| **Please refer to the HR Manual for guidelines on parental leave entitlements and application requirements** |
| Name: | Employee Number: |
| Position Title: | Hired Date: |
| Location: | Manager’s Name: |
| Expected Date of Confinement: | Department: |
| Expected Date of Return to Work: |  |
| Leave Details |
| Type of Leave | ✓ | First Date of Leave | Last Date of Leave | Weeks |
| **Parental Leave** | **✓** |  |  |  |
| Please indicate whether you will also be taking another form of leave during your absence |
| **Annual Leave** |  |  |  |  |
| **Long Service Leave** |  |  |  |  |
| **Other, please specify** |  |  |  |  |
| Total absence (not to exceed 52 weeks) |  |
|  |
| **I have attached the following documentation as outlined in the Firm’s Parental Leave policy.****Maternity and Paternity Leave**❑ Medical Certificate stating expected date of confinement.❑ Statutory Declaration declaring any period of leave to be taken by the employee’s partner.**Adoption Leave**❑ Official government confirmation of the expected date of placement. ❑ Statutory Declaration declaring any period of leave to be taken by the employee’s partner.  |
| **Date of Application:** | **Employee’s Signature:** |
| This form must be authorised by the applicant’s Supervisor and given to payroll at least four weeks before the start leave or ten weeks before the expected date of confinement. |
|  | **AUTHORISED BY:** |  |
| Name: | Signature: | Date: |
| *Office use only:* |
| *Annual Leave at start of Parental Leave* | HOURS | *WEEKS* |
| Long Service Leave at start of Parental Leave | HOURS | *WEEKS* |
| Sick Leave at start of Parental Leave | HOURS | *WEEKS* |
| ❑ *Leave details processed* |  |
| ❑ *Parental Leave Confirmation Memo generated* |  |
| *Office Signature:* | *Date:* |