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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:* | | | | |