

Reset Form Print Form

Whose form is this?

Employee's Name:

Staff Number: Job Number: Telephone:

Division/School/Office (DSO):

Please indicate if you are: Full Time Complete next section (Type of leave being applied for)

Part Time

Please specify below, the total hours worked each day (for your normal pattern)

Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pay day

Type of leave being applied for (please use inclusive dates)

Leave Type*	From (dd-mm-yyyy)	To (dd-mm-yyyy)	Duration of Leave (General in HOURS / Academic in DAYS)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Leave without pay OR Leave on half pay - Human Resources recommends that you contact your superannuation fund prior to the commencement date of the leave period to discuss arrangements for your contributions during this period.

Payment in Advance

A Pay in Advance is available for complete pay periods only, provided 3 weeks notice is given to HR.

B If your pay in advance extends beyond 30 June, your tax may be affected. Your prepayment can be split between tax years (first prepayment in final pay in June, second pre-payment in first pay in July). Please note that once chosen this option CANNOT be cancelled.

Would you like to receive pay in advance? Yes No

Would you like your prepayment split between tax years? Yes No

Signature of Applicant

Signature (of Applicant): _____

Date:

Name (please print)

Leave Approval (by Executive Dean / Head / Nominee)

Signature of Approved Authority: _____

Date:

Name (please print)

At its September 2004 Academic Council considered a report on Appeals Against Unit Grades and as a result resolved to make changes to the leave form for academic staff. Below is the resolution:

Resolved AC/147/2004 (b) the form for academic staff leave approval be amended to require staff away for more than two weeks to leave their unit management materials with the Program Chair (or give that person the key to the staff member's office and clear directions of where to find these papers).

During my absence, I will miss the following teaching activities and have made alternative arrangements to cover my teaching which does not impact on the DSE Staff Buy-out Policy.

Note: Replacement of these activities will be by a staff member who is not expecting to be paid for their input. Replacement by paid staff constitutes a buy-out and you will need to submit a "Staff Buy-out Application" with this form.

Activity	Quantity	Replaced by (Staff name):	Signature(s) of Staff Replacing Activity
Lectures			
Tutorials/workshops			
Demonstrating			
Marking			
U/G fieldwork			
Externals			
Exams			
Other- please specify			

I am within a month of proceeding on a period of extended leave, and the following arrangements have been made for supervision of my honours and research students.

Number of students:

Honours:		Masters:		PhD:	
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Student Name	Degree (P/T or F/T)	Proposed Supervisor	Signature of Proposed Supervisor	Student has been informed