



**Instructions for completing the Application for Leave Form**

1. The Application for Leave form must be completed & submitted prior to the staff member proceeding on leave (personal leave excepted).
2. For leave entitlements & conditions refer to the relevant Monash University Enterprise Agreement at [adm.monash.edu.au/enterprise-agreements/](http://adm.monash.edu.au/enterprise-agreements/) or the Workplace Policies and Procedures (WPP) at [adm.monash.edu.au/workplace-policy/workforce-management/leave](http://adm.monash.edu.au/workplace-policy/workforce-management/leave). All sections of this form must be fully completed. Incomplete forms will cause a delay in processing.
3. To **amend** or **cancel** an application, please provide a new form, authorised and clearly marked “**Amended Application**” or “**Cancelled**”, together with a photocopy of the original application. .
4. Leave for conferences, research and other such purposes should be submitted to the faculty for recording purposes.

**REMINDER ... ARE YOU A SAP USER?**

If you are a SAP user and will be away for more than 10 working days, have you completed a “Request for Temporary Access Delegation Form” (IAS036), which is available from [adm.monash.edu.au/human-resources/forms/](http://adm.monash.edu.au/human-resources/forms/), for your temporary replacement? **Please note: Allow 2 weeks minimum for this form to be processed**

| SECTION 1 – STAFF MEMBER’S DETAILS (To be completed by Staff Member)                                     |                          |       |                          |       |                          |        |                          |  |  |   |
|--|--------------------------|-------|--------------------------|-------|--------------------------|--------|--------------------------|--|--|---|
| Personnel Number   |                          |       |                          |       |                          |        |                          |  |  | Academic <input type="checkbox"/> Professional <input type="checkbox"/> Staff <input type="checkbox"/> Trades & Services <input type="checkbox"/> |
| Title  | Family Name              |       |                          |       | Given Name(s)            |        |                          |  |  |   |
| Faculty/Division   |                          |       |                          |       |                          |        |                          |  |  |   |
| Organisational Unit  |                          |       |                          |       |                          | Campus |                          |  |  |   |
| Are you a member of the Voluntary Reduced Working Year Scheme? If yes – please tick the appropriate box: |                          |       |                          |       |                          |        |                          |  |  |   |
| 50/52  | <input type="checkbox"/> | 48/52 | <input type="checkbox"/> | 46/52 | <input type="checkbox"/> | 44/52  | <input type="checkbox"/> |  |  |   |

| SECTION 2 – LEAVE DETAILS  |                    |                   |  |
|--|--------------------|-------------------|--|
| Leave Type (Select from list below)  | First day of leave | Last day of leave | Working days or hours                                    |
|  |                    |                   |  |
|  |                    |                   |  |
|  |                    |                   |  |
| 1. Do you require payment in advance? (refer to <a href="http://adm.monash.edu.au/workplace-policy/remuneration/salaries/advance.html">adm.monash.edu.au/workplace-policy/remuneration/salaries/advance.html</a> )                                       |                    |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you included a medical certificate or statutory declaration with your application for personal or parental leave? For an online statutory declaration go to <a href="http://www.justice.vic.gov.au/justices">www.justice.vic.gov.au/justices</a> |                    |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| LEAVE TYPES          |  |  |  |
|----------------------|--|--|--|
| Description          | Description  | Description                            | Description                            |
| Annual Leave         | Parental Leave (Maternity) – paid*                     | Pre-Natal Leave*                       | WorkCover*                             |
|                      | Parental Leave (Spouse/Domestic Partner Birth) – paid* |  | Transport Accident Commission Leave*   |
| Personal Leave#      | Parental Leave (Adoption)*                             | Voluntary Reduced Working Year         | Conference/Research/Consultancy Leave* |
|                      |  | Leave Loading Substitution             |  |
|                      | Long Service Leave- full pay                           |  | Other leave (please specify)*          |
|                      | Long Service Leave – half pay                          | Outside Studies Program-International* |  |
| Compassionate Leave* | Long Service Leave – double pay                        | Outside Studies Program-Domestic*      |  |

\* supporting documentation must be provided.

# supporting documentation should be provided where applicable, please see Workplace Policies and Procedures (WPP) for more information.

**Part-time staff only –**

Please circle days ordinarily worked during leave period. If not full days, provide fraction of day or hours.

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

| SECTION 3 – DECLARATION BY STAFF MEMBER   |                      |                        |
|---|----------------------|------------------------|
| I understand that the approval of leave is subject to confirmation of entitlement & that I am responsible for all salary deductions (eg Health Insurance Cover) during periods of unpaid leave. |                      |                        |
| Signature _____   | Date ___ / ___ / ___ | Contact Ext. No. _____ |

| SECTION 4 – AUTHORISATION BY ORGANISATIONAL UNIT (To be completed by Organisational Unit) |                      |  |                      |
|---|----------------------|--|----------------------|
| Signature 1   | Date ___ / ___ / ___ | Signature 2  | Date ___ / ___ / ___ |
| (Supervisor)  |                      | (Dean, Head of Unit or other delegated person where it is a requirement, please see the relevant section in Workplace Policies and Procedures (WPP)) |                      |
| Please print name   |                      | Please print name  |                      |

| SECTION 5 – REQUIRED ONLY FOR CONFERENCE LEAVE (To be completed by the Faculty) |                      |
|---|----------------------|
| Signature of Faculty person recording conference leave                          |                      |
| Please print name   | Date ___ / ___ / ___ |

| FOR HR OPERATIONS USE ONLY |          |            |            |
|----------------------------|----------|------------|------------|
| Processed by               | Date / / | Checked by | Pay Period |

**For assistance, please contact HR Enquiries on ext 20400**

Please return completed form to the HR Business Partner in your HR Hub, Monash HR, Monash University VIC 3800

Monash HR privacy collection statement is located at <http://privacy.monash.edu/guidelines/collection-personal-information.html#hr>