



# APPLICATION FOR PARENTAL LEAVE

# HR 50A

This form is to be used to advise Human Resources of an employee's application for Parental Leave (including Maternity, Adoption and Partner Leave). For the complete policy, please refer to PPP, Chapter 9.2. You may wish to read the University's publication **Best HR Practice - Work and Family**, available at <http://www.hr.unimelb.edu.au/best-practice-unionly/work-and-family.pdf>

This form is to be received by Human Resources **at least 4 weeks** prior to commencing maternity/adoption/partner leave.

## Employee Information

Employee Number \_\_\_\_\_ Organisation/Department \_\_\_\_\_  
 Family Name \_\_\_\_\_ Given Names \_\_\_\_\_  
 Position \_\_\_\_\_ Grade/Classification \_\_\_\_\_  
 Email \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Ext. No. \_\_\_\_\_

## Parental Leave Details

This is an application for: (please circle one)

**MATERNITY LEAVE**

**ADOPTION LEAVE**

**PARTNER LEAVE**

\***Expected date of birth/adoption:** \_\_\_\_\_ (Please attach medical or adoption agency certificate)

\* Please note that Maternity Leave normally commences no later than 6 weeks before this date. Leave may commence earlier or later at the request of the staff member upon presentation of a medical certificate indicating an earlier or later commencement.

**Please complete one option below.**

I have less than 1 years service and apply for Maternity/Adoption Leave without salary from \_\_\_\_\_ to \_\_\_\_\_ (inclusive)  
 OR

I have more than 1 year and less than 5 years service and wish to apply for

14 weeks Maternity/Adoption Leave on full pay or

28 weeks Maternity/Adoption Leave on half pay

Commencing date: \_\_\_\_\_ OR

I have more than 5 years service and wish to apply for

24 weeks Maternity/Adoption Leave on full pay or

48 weeks Maternity/Adoption Leave on half pay

Commencing date: \_\_\_\_\_ OR

I have more than 1 years service and apply for 1 week Partner Leave on full pay

**In addition to the above Parental leave, I wish to take:**

Maternity Leave Without Salary from \_\_\_\_\_ to \_\_\_\_\_ (inclusive)

Annual Leave from \_\_\_\_\_ to \_\_\_\_\_ (inclusive)

Long Service Leave from \_\_\_\_\_ to \_\_\_\_\_ (inclusive)

**My expected return to work date is:** \_\_\_\_\_

(Applications for the return to work bonus should be made on the Application for Return to Work Bonus form - HR50B **at least 6 weeks** prior to returning to work)

## Superannuation During Leave Without Salary

If you have elected to take a period of Leave Without Salary, you will need to answer the following questions relating to superannuation.

• If you currently make voluntary APP superannuation contributions, do you wish to continue these during Leave Without Salary?

Yes  No

• If you are a member of DBP/ICP, do you wish to maintain your superannuation contributions during Leave Without Salary?

(The University will maintain its contribution for staff members who choose 'Yes')

Yes  No If No, go to next Section. If Yes, please complete the following.

• What is the total contribution to DBP/ICP required for the period of Leave Without Salary? \$ \_\_\_\_\_

(This amount will be deducted from your salary in instalments prior to the commencement of your Leave without Salary)

Over what period would you prefer that this amount is deducted from your salary?

From \_\_\_\_\_ to \_\_\_\_\_

(Please ensure that the 'From' date is the first day of a pay period, ie. the day after a pay day, and that the 'To' date is a pay day)

## Approval

Absences on unpaid leave for longer than 3 months will result in the increment date being moved for the total period of the unpaid leave.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff member Head of Department (Level 2 delegation)

Information collected on this form will become part of your employment record. It will be stored securely and only used or released in accordance with the University's privacy policy (refer: [www.unimelb.edu.au/unisec/privacypolicy.htm](http://www.unimelb.edu.au/unisec/privacypolicy.htm))

HR Use only: Processed By: \_\_\_\_\_ Date \_\_\_\_\_ Pay Period \_\_\_\_\_ Validated By \_\_\_\_\_