



APPLICATION FOR NON-STANDARD LEAVE, ALL TYPES OF LEAVE WITHOUT SALARY AND LEAVE CANCELLATION

HR10

This form is ONLY to be used to advise Human Resources of non-standard leave applications. Applications for paid leave such as annual leave, paid paternity leave, special leave and sick leave must be made through Themis Self Service www.themis.unimelb.edu.au.

This form is to be used for all forms of unpaid leave such as sick leave without salary, leave without salary, maternity and adoption leave without salary and for 48/52 type arrangements.

Employee Information

Employee Number _____ Academic General (Please Tick One)

Family Name _____ Given Names _____

Organisation / Department _____ Ext. No. _____

Leave Details

Leave Type	Date From (Inclusive)	Date To (Inclusive)	No. of Working Days	*Certificate or declaration included (Y or N)

Sick Leave Without Salary (SLWOS)*, Long Service Leave (LSL), Leave Without Salary (LWOS), Special Leave (SP), Special Leave Without Salary (SPWOS), 48 Week Leave (48WEEK), Adoption Leave Without Salary (ALWOS),

Reason / Comment (Please supply a reason if applying for any form of Leave Without Salary)

Cancelling Leave

Leave Type	Date From (Inclusive)	Date To (Inclusive)	No. of Working Days

Signature of Employee

I understand that the approval of leave is subject to the confirmation of entitlement.

I also understand that if I take unpaid leave for longer than three (3) months, my increment date will be moved for the total period of unpaid leave.

Signature of Employee _____ Date _____

NOTE: Employees must take responsibility for all salary deductions (eg. Subscriptions, Health Cover) during periods of unpaid leave. 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)

SUPERANNUATION: All contributions will cease for staff members on leave without salary (refer to PPP Chapter 19 for further details).

Approvals

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.

Supervisor (Level 1 delegation)

Head of Department (Level 2 delegation)

Date _____ Date _____

Please refer to PPP Chapter 9 for appropriate level of delegation.

Human Resources Use Only

Processed By _____ Date _____ Pay Period _____ Validated By _____