



THE UNIVERSITY OF MELBOURNE

APPLICATION FOR RETURN TO WORK BONUS HR 50B

This form is to be used to advise Human Resources of an employee's application for the Return to Work Bonus. For the complete policy, please refer to the PPP. You may wish to read the University's publication **Best HR Practice - Work and Family**, available at <http://www.hr.unimelb.edu.au/>

This form is to be received by Human Resources **at least 6 weeks** prior to returning to work from paid maternity/adoption leave.

Employee Information

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

Return to Work Details

Return to work date: _____

After discussion with my supervisor, I wish to receive my return to work bonus as: (please complete one option only)

an allowance, paid on a fortnightly basis over a:

6 month period

or

12 month period

paid time release, paid on a fortnightly basis

I will be working _____ days per week, with paid time release of _____ days per week for a period of _____ weeks, as agreed with my supervisor and Head of Department.

a lump sum into a staff development fund based within my department (please provide fund details)

Company	Department	Section	Project	Group	Activity	Location
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I understand that the return to work bonus is non-superannuable and that the total amount of the return to work bonus, equivalent to twelve (12) weeks salary, will be calculated on my salary at the date of commencing maternity/adoption leave.

Signature of Staff member _____ Date _____

Approval

I approve the above arrangement for this return to work bonus application.

Signature: _____ Date _____
Head of Department (Level 2 delegation)

Agreement

I, the undersigned, understand that in order to be eligible to receive the return to work bonus after my period of maternity/adoption leave, I must enter into an agreement with the University of Melbourne that I will return to work at the University for a period of at least twelve (12) months after the above-mentioned return to work date.

I understand that should I resign from the University prior to the completion of twelve (12) months service after returning to work, I will forfeit any outstanding return to work bonus payments. Further, upon resignation, I agree to repay all monies received or paid to me as the return to work bonus.

Staff member's signature _____ Date _____

Staff member's full name _____ (Please print)