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# **Leave Application Form**

**COMPLETE THIS FORM ONLINE, and then PRINT and SIGN.** 

To move between fields use the tab key, to select a checkbox use the spacebar on your keyboard.

Assignm Number										-										
Surnam	е			Give						Giver	n Name (s)									
Position	Title																			
Location (Manda		ity						Contact Phone Number												
New Ap	plication	on or A	mend	led A	pplica	tion			Date Origi											
LEAVE TYPES	• A	NNUAL	•	SICK	/CARE	RS •	FAG	CS •	LW	OP •	LSL	•	L&D/	CONF	ERENC	E	AD	ID MAT OPTIOI RENTAI	•	/
Insert into the first column, the leave type applicable from the list above. Multiple leave types should be entered in date order.																				
Туре								First D Leave	•	f	Last Day Leave					y of				
Туре								First Day Of Leave				Last I Leave								
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Will any ADO's be taken during leave			_	'es [ vide Da	_			Dates (DD-MMN												
Return to work Date (DD-MMM						-YY):	,				Reasons/Comments for Leave:									
Is pay required in advance (Tick appropriate box)			□Y	′es 🗌	]No			must b your ro	e sent ster le	to the	or Annual, Long Service and Maternity Leave only. Applications e Pay Office 4 weeks prior to your leave commencing. A copy of up to your leave (minimum of 2 weeks) must be supplied with allow payment to occur prior to leave commencing.							py of		
Half pay Leave (Tick appropriate box) (Excludes Casuals)			□Y	′es 🗌	]No			<b>Doubl</b> (Tick ap (Exclude	propria	ate box)	Note: 1/2 pay options are only for Parental and LSL. Double pay option is only for LSL.					and				
Are rele docume attache (Tick appl			l certifi ry Dec	icate Iaratio					ation may be required for Sick Leave, Maternity, Adoption & CS, and Carers Leave.											
Maternity / Adoption / Parental Leave ONLY																				
Expecte	Date (DD-MMM-YY)						the ex	pected	ertificate from you d date of confinem											
Returnii on Redu			□Y	Yes No Reduc					ed Ho	urs Po	er Wee	Retur	urn to Substantive Date (if defined)							
Note: The Employm																	urs, a	FM100	0011	

## IF YOU ARE A SHIFT WORKER, PLEASE INDICATE THE SHIFTS THAT WOULD HAVE BEEN WORKED IF NOT ON LEAVE.

	Day	Date	Start Time	End Time	Hrs		Day	Date	Start Time	End Time	Hrs
Week 1	Mon						Mon				
	Tues						Tues				
	Wed						Wed				
	Thurs					Week 2	Thurs				
	Fri						Fri				
	Sat						Sat				
	Sun						Sun				
	Day	Date	Start Time	End Time	Hrs		Day	Date	Start Time	End Time	Hrs
	Mon						Mon				
	Tues						Tues				
	Wed						Wed				
က္	Thurs					4	Thurs				
Week 3	Fri					Week 4	Fri				
	Sat						Sat				
	Sun						Sun				

This leave application takes precedence over roster entries for this period, leave will be paid as per leave application. Therefore any changes or cancellation to this application will require an amended form to be forwarded to HealthShare NSW.											
<b>Employee Signature</b>			Date (DD-MMM-YY):								
M			Leave entered into Roster System	Yes No							
Manager Signature			Does employee have sufficient leave available:	Yes No							
Managers Contact Phone Number											
Would you like to receive an email notification											
that this request has b	een actioned?	Email Address:									
***EXTENDED LEAVE WITHOUT PAY TO BE APPROVED BY HUMAN RESOURCES / EXECUTIVE***											

## **Leave Types required to be submitted to HealthShare NSW:**

- Leave to be paid in Advance
- Maternity leave
- Adoption Leave
- Paternal Leave
- LSL

All internal procedures, including necessary approval and sign off, must be completed. If you are unsure of your Local Health District (LHD) internal procedures, please contact your LHD.

Please note: It is the responsibility of the LHD to ensure all internal LHD procedures have been followed



## \*\*\* Please follow your internal Local Health District procedures to forward forms \*\*\*

**HealthShare NSW Contact Details:** <u>HSNSW-payroll@health.nsw.gov.au</u>

#### **ADDITIONAL INFORMATION REGARDING LEAVE TYPES:**

#### 1. Annual Leave:

Staff must provide a minimum of one month's notice prior to commencement of leave. Ensure this form is completed and signed by relevant Department Head/Manager

The minimum payment of annual leave is one working day.

Shift workers proceeding on annual leave who wish to be paid in respect of leave taken, shift and weekend penalty rates relating to ordinary time they would have earned had they not taken annual leave must complete the roster section on the form, otherwise annual leave loading will be paid.

#### 2. Sick Leave:

You must complete a Sick Leave Application Form and attach your medical certificate (if the absence is for more than 2 days or as otherwise required) and provide it to your Supervisor or direct Manager upon returning to work.

Note: Sick leave levels are monitored by management, in accordance with Policy Directive PD2014\_029 Leave Matters for the NSW Health Service.

#### 3. FACS Leave:

All full time and part time employees may be granted Family & Community Service Leave (part time employee's leave is paid on a pro-rata basis) for a range of personal reasons encompassing family responsibilities, performance of community service or pressing necessity.

Hours that maybe granted are calculated as 3 days within the first year of employment, and thereafter 6 days within a 2 year period (if commencing employment on or after 1 Jan 1995) non accumulative, or one working day, on a accumulative basis from 1 Jan 1995, for each year of service after 2 years continuous service, minus any periods of FACS leave already taken by the employee since 1 Jan 1995 (whichever provide the employee with greater entitlement).

## 4. Long Service Leave

Employees who have had a minimum of 7 years' service may be entitled to Long Service Leave.

Entitlement is calculated and paid on calendar days (7 days making up a week of leave).

Minimum payment for all staff is 1 week (7 days) per leave request.

All staff who apply for LSL, must at least one month prior to commencement of leave, complete this application form and submit to their department head / manager / supervisor to receive appropriate approval.Payment of leave can be paid at ½ pay or double pay as an alternative to full pay (except casuals). Please note that

tax would be inflated due to extra gross pay for LSL paid at double pay, and that LSL entitlement would be absorbed at a faster rate.

For full time and part time employees if there is a public holiday during the period, the amount of long service leave to be deducted is reduced by one day for the public holiday.

## 5. Maternity, Adoption and Parental Leave:

## A. Maternity/Adoption Leave

All full time and part time employees are entitled to maternity leave (for women during or after their pregnancy) and adoption leave (during and after adoption), after completing 40 continuous weeks of service.

Entitlement is 14 weeks of paid leave, with the option of

12 months unpaid leave. Extension of the unpaid leave for a Further 12 months may occur with approval from their department head / manager / supervisor.

Returning to work on reduced hours for non-nursing staff must be negotiated with your department head / manager / supervisor. The maximum timeframe to work reduced hours is for 12 months, or unless negotiated further, up until your child has reached school age.

Leave can be paid at ½ pay, full pay or in a lump sum.

8 weeks' notice is required before commencement on maternity leave (no specific period of notice for adoptions leave), and 4 weeks' notice for return to work.

Changes to maternity/adoption leave arrangement may only occur once without the need for consent of the employer.

## B. Parental leave for male employees and same sex partners

Whose partner is pregnant or adopting, are entitled to 1 weeks paid parental leave and 51 weeks unpaid leave, under the same approval criteria above.

#### 6. General: Please ensure / note:

All relevant sections of the form are completed, with signatures.

That a copy is kept by the department head or employee

That this form is only sent to HealthShare NSW Service Centre for Annual Leave paid in advance, LSL and Maternity leave.

For all other leave types, the form is to remain on file with the department manager.

For further advice, please contact your Human Resources Department.

For further information, please refer to PD2014 029:

Leave Matters for the NSW Health Service