

Personal details:

Staff Number: _____ Ext: _____ Full Time Part Time
 Family Name: _____ Other Names: _____
 Division/Office: _____ Department: _____

Leave Types:

**For details of all leave types, please refer to section 4.1 of the 2006-2009 Enterprise Agreement.*

- Personal Leave (Sick, Carer/Family Responsibility, Compassionate/Bereavement and Moving Leave)
- Annual Leave
- Long Service Leave
- Leave Without Pay
- Parental / Partners Leave
- Jury / Witness Leave
- Defence Forces
- Leave to assist in emergencies and disasters
- Religious, cultural and ceremonial obligations

Leave details:

Leave Type: _____ From ___ / ___ / ___ to ___ / ___ / ___ No. of Hours: _____
 (Inclusive)
 Leave Type: _____ From ___ / ___ / ___ to ___ / ___ / ___ No. of Hours: _____
 (Inclusive)

**For long service leave and parental leave only:* Are you are taking your leave at Full Pay or Half Pay

Leave for Part time staff or staff working variable hours: (Please fillout manually)

Date of Leave	Hours	Leave Type
Thu	/ /	
Fri	/ /	
Sat	/ /	
Sun	/ /	
Mon	/ /	
Tue	/ /	
Wed	/ /	

Date of Leave	Hours	Leave Type
Thu	/ /	
Fri	/ /	
Sat	/ /	
Sun	/ /	
Mon	/ /	
Tue	/ /	
Wed	/ /	

Reason or Supporting Documentation for Leave Taken:

**Documentation must meet University Policy requirements and be stapled to this form.*

- Attached Reason _____
 Tick if requesting **pay in advance** for Annual/Long Service Leave (20 working days notice required)

Applicant's Signature: _____ **Date:** ___ / ___ / ___


Division/Office Use:

Supervisor's Signature: _____ Date: ___ / ___ / ___
 Approved subject to policy guidelines: _____ Date: ___ / ___ / ___
 Head or HR Delegate

Recorded in Department _____(inits)

HR Office Use:

HR Processed/Entered _____(inits) Date: ___ / ___ / ___ HR Checked _____(inits) Date: ___ / ___ / ___

Equal Employment Opportunity and No Smoking are University Policies	Human Resources@ 
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