UNIVERSITY of TASMANIA

Leave Application

- Standard applications for Annual, Long Service and Personal / Carer's leave should normally be submitted through the Web Kiosk.
- This form should be used when applying for other types of leave or when applying for variations (e.g. half pay or pre-payment) to Annual, Long Service or Personal / Carer's leave.
- For information on your leave entitlements; please refer to the Leave Section in the University of Tasmania Staff Agreement 2013–2016.

APPLICANT DETAILS

Name		
School/Section		
Employee No.		
I apply for the period of leave detailed below	Signature	
	Date	

LEAVE DETAILS

☐	Annual Leave			
☐	Personal / Carer's Leave	☐ Medical Certificate Attached	☐ Medical Certificate Not Attached	
☐	Long Service Leave	☐ Normal Pay	☐ Double Pay	☐ Half Pay
☐	Bereavement Leave**			
☐	Parental Leave**	☐ Normal Pay	☐ Half Pay	
		☐ Medical Certificate Attached	☐ Medical Certificate Not Attached	
☐	Special Leave**	☐ With Pay	☐ Without Pay (LWOP)	

** For **Bereavement, Parental and Special Leave,** please provide details and/or attach supporting documentation

Period of Leave	From	☐ am ☐ pm	First day of absence / /	To	☐ am ☐ pm	Last day of absence / /	inclusive
Number of working days (excluding public holidays)							

MEDICAL CERTIFICATE (Personal/Carer's and Parental Leave)

Absences of 3 or more consecutive days Personal/Carer's leave must be supported by medical certification. No more than 5 days Personal/Carer's leave (combined) without medical certification shall be allowed in any 12 month period.

PREPAYMENT OF SALARY (please tick if prepayment is required)

☐	Long Service Leave (LSL)		
☐	Annual Leave	Prepayment of salary for **annual leave** will only be approved in exceptional circumstances such as where the employee is travelling overseas, on compassionate grounds or in the case of hardship.	Reason for request:

There may be tax implications if leave extends into the next financial year. Please contact your HR Advisor for further information.

APPROVAL

Approved Head of School/Section	Name		
	Signature	Date	
Human Resources Only	HRMS Updated		
	Signature	Date	

PLEASE SCAN AND EMAIL THIS FORM TO YOUR HR ADVISOR