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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is this an amended application?**  Yes (please attach previous)  No | | | | | **Send completed form to** [**payroll@ecu.edu.au**](mailto:payroll@ecu.edu.au) | | | |
| **Employee Details** | | | | | | | | |
| Employee No. |  | | Campus | | | Select a campus. | | |
| Employee last name: |  | | Employee other names: | | |  | | |
| School/Centre | Select school/centre | | Business Unit | | |  | | |
| **Part-time Employees: please indicate hours worked each week:** | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | ***Fri*** | ***Sat*** | ***Sun*** | ***Mon*** | ***Tues*** | ***Wed*** | ***Thurs*** | | ***Pay week:*** |  |  |  |  |  |  |  | | ***Non Pay Week:*** |  |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | |
| **Parental leave**  *(Show Inclusive Dates)* | | From: | | To: | | | No. of weeks: | Expected date of birth? |
|  | | | | | | | | |
| **Breakdown of paid and unpaid parental leave** | | | | From | | | To | No. of hours/days/weeks |
| Paid parental leave at **full pay**  Paid parental leave at **half pay** | | | | Select date. | | | Select date. |  |
| Paid parental leave type (excluding partner leave)  Birth mother  Adoption  Primary care giver | | | | Select date. | | | Select date. |  |
| Paid parental leave (max. 2 weeks)  (to be taken at the time of birth or placement) | | | | Select date. | | | Select date. |  |
| Unpaid partner leave (max. 6 weeks)  (to be taken within 12 months of birth or adoption of a child, and in minimum 2 week blocks) | | | | Select date. | | | Select date. |  |
| Unpaid parental leave (max. 12 months, including partner leave, paid parental leave (and other paid leave) | | | | Select date. | | | Select date. |  |
| Annual leave | | | | Select date. | | | Select date. |  |
| Long service leave | | | | Select date. | | | Select date. |  |
| PHIL Days | | | | Select date. | | | Select date. |  |
| Leave within pay | | | | Select date. | | | Select date. |  |
| Other (please specify): | | | | Select date. | | | Select date. |  |
| **Government Paid Parental Leave** | | | | | | | | |
| Will you be applying for the Government Paid Parental Leave?  Yes  No  Please note applications for Government funded payments must be submitted directly to the Department of Human Services and will be paid to you once your application has been approved and funding has been provided to ECU.  If you receive the Government Paid Parental Leave do you wish to salary sacrifice this  amount directly to your Superannuation?  Yes  No  (Please note if selecting Yes the full amount of Government Paid Parental leave will be sacrificed to your Accumulation Account with Superannuation, it will not count towards Defined Benefit). | | | | | | | | |

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| **Confirmation of supporting information by applicant:** | | |
| I will have completed 12 months continuous service at the expected date of birth.  Medical certificate confirming expected date of birth is attached.  Medical clearance to keep working to commencement of leave attached *(in the case of birth mother commencing parental leave later than six weeks prior to expected date of birth).*  If applicable Adoption Agency documentation (including date of placement) is attached.  If Primary Care Giver a Statutory Declaration is attached stating the period I will be the Primary Care Giver for.  ***Paid Parental Leave (Excluding partner leave):***  Is your partner a current employee of ECU  Yes  No  *If yes:* Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your partner taking Parental Leave: Yes  No  *If yes*, please provide the total period of parental leave being taken: From: Select date. To: Select date. (total period of parental leave includes paid, unpaid and Government Paid Parental Leave)    *If your partner is not an employee of ECU*  Is your partner taking Parental Leave Yes No  *If yes*, please provide the total period of parental leave taken: From: Select date. To: Select date.  (total period of parental leave includes paid, unpaid and Government Paid Parental Leave) | | |
| **Authorisation** | | |
| **Applicant:** | | |
| Name | Signature: | Date: |
| ***Approval:*** *As per the* [*HR Delegations*](https://edithcowanuni.sharepoint.com/:b:/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK) *and subject to checking and confirmation by Payroll* | | |
| Name | Signature: | Date: |

|  |  |  |
| --- | --- | --- |
| ***Confirmation Payroll Services:*** | | |
| Name: | Signature: | Date: |

**Send completed form to** [**payroll@ecu.edu.au**](mailto:payroll@ecu.edu.au)

**Superannuation -** There are a number of options relating to your superannuation that you may want to consider when taking leave from the University.  You are encouraged to speak to the UniSuper On-Campus Consultant and discuss any potential impacts on your superannuation.  Please [click here to make an appointment](https://www.gobookings.com/au/clients/02251630416511) or visit <http://www.unisuper.com.au/employers/universities/edith-cowan-university>

**Parking Permit -** Prior to commencing your parental leave, staff with a parking permit are advised to contact Security and Traffic services on 6304 2226 or [parking@ecu.edu.au](mailto:parking@ecu.edu.au) to obtain information about options relating to your parking permit whilst on parental leave.

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| **PAYROLL SERVICES USE ONLY** | |
| Processed by: | Checked by: |
| Increment/Accrual dates adjusted for LWOP | |