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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 | | | |  | | | |
| Classification  Academic  Professional | | | | | | | Employment Status  Full time  Part time Part time % | | | | | | | |
| **Purchased Leave Eligibility** | | | | | | | | | | | | | | |
| I confirm:  I hold an ongoing appointment or have at least 12 months remaining on my current fixed-term contract  I do not have an excess Annual Leave or Long Service Leave balance in accordance with the current ECU Enterprise Agreement. | | | | | | | | | | | | | | |
| **Purchased Leave Options** | | | | | | | | | | | | | | |
| Purchased Leave is applied for and taken in blocks of 1 week minimum to a maximum of 8 weeks. Your fortnightly salary will be reduced by the Purchased Leave amount averaged over the 12 month Purchased Leave period. Purchased Leave must be used within the 12 month Purchased Leave Period. At the conclusion or cessation of Purchased Leave the leave taken and deductions made will be reconciled and your salary will be adjusted accordingly. | | | | | | | | | | | | | | |
| **I would like to purchase the following number of weeks:** | | | | | | | | | | | | | | |
| 1 week | 2 weeks | | | 3 weeks | | 4 weeks | | 5 weeks | 6 weeks | | | 7 weeks | | 8 weeks |
| **My proposed future nominated start date is**: Click or tap to enter a date. | | | | | | | | | | | | | | |
| **Proposed date of Purchased Leave to be taken:** *Please note: you are required to take both your Purchased Leave and accrued Annual Leave during the Purchased Leave period.* | | | | | | | | | | | | | | |
| **Purchased Leave will be taken on the following dates (minimum 1 week blocks)** | | | | | | | | | | | | | | |
| Date From: (inclusive) | | Date To: (inclusive) | | | Number of weeks/working days | | | Date From: (inclusive) | | Date To: (inclusive) | | | Number of weeks/working days | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| **Annual Leave accrued during the period will be taken on the following days:** | | | | | | | | | | | | | | |
| Date From: (inclusive) | | Date To: (inclusive) | | | Number of weeks/working days | | | Date From: (inclusive) | | Date To: (inclusive) | | | Number of weeks/working days | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| Select date. | | Select date. | | |  | | | Select date. | | Select date. | | |  | |
| **Once approved these leave bookings must be entered and approved via the Staff Kiosk.** | | | | | | | | | | | | | | |

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| **Employee Declaration** | | |
| I acknowledge and accept:   * My fortnightly pre-tax salary will be reduced for a 12 month period from the first pay period following the nominated start date. * Purchased Leave and accrued Annual leave must be used during the Purchased Leave period * By signing this form, I agree and consent to recovery of any overpayment of salary and adjustment to leave entitlements if required. * I have read the Purchase Leave conditions and understand the financial or other implications of this arrangement.     Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Select date. | | |
| **Authorisation** *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) | | |
| **Purchased Leave application is  Approved  Not Approved** | | |
| Name | Signature: | Date: Select date. |

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

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| **PAYROLL SERVICES USE ONLY** |
| Excess Leave checked  Multiple Leave Purchase  Yes  No (if yes, please attached leave purchase calculation sheet)  Number weeks purchased \_\_\_\_ /\_\_\_\_ weeks of leave purchase = \_\_\_\_\_%  Start of pay period date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  GALP record added to FL603  Ascender Occupancy Updated Actioned By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |