|  |
| --- |
| **This form is used to request a cash out of Long Service Leave or Annual Leave in accordance with relevant ECU procedures and the Enterprise Agreement** |
| **Employee Details** |
| Employee No. |       | Campus | Select a campus. |
| Employee last name |       | Employee other names |       |
| School/Centre | Select school/centre | Business Unit |       |
| **Cash Out Leave requirements** |
| I confirm that:* Prior to making this request I have confirmed my Long Service Leave or Annual Leave balance with Payroll Services.
* Payroll Services have advised I have Long Service Leave or Annual Leave balance available for a Cash Out request.
* I understand approval of Cash Out is subject to provisions within the current ECU Enterprise Agreement.
* I understand a Cash Out request is the approval of and discretion of ECU’s HR Delegated authority or nominee.
 |
| **Leave Type** | **Current Accrued Balance**(Confirmed by Payroll Services) | **Cash Out request** | **Remaining accrued balance if Cash Out approved** |
| **Long Service Leave** | 0 weeks | 0 Weeks | 0 Weeks**Note:** *remaining balance must be now less than 13 weeks* |
| **Annual Leave** | 0 Hours | 0 Hours | 0 Hours**Note:** *remaining balance must be now less than 20 days* |
| **Employee Declaration** |
| I acknowledge and accept:* The University may at its discretion approve all, or part, or decline my request.
* I may be required to take Annual Leave or Long Service Leave in conjunction with the approval of this request.
* The Cashed Out Leave is the amount that would have been payable had I taken the period of leave being Cashed out.
* That prior to the Cash Out payment being made it will be subject to a final check and confirmation by Payroll Services.
* My Long Service Leave or Annual Leave entitlement balance will be reduced by the Cash out amount and that I have no further claim to that entitlement.
* It is my responsibility to seek financial or other advice into the impact arising from this application.
 |
| **Employee Signature:**  |  | **Date:**  |  |

|  |
| --- |
| **Authorisation** *As per the* [*HR Delegations*](https://edithcowanuni.sharepoint.com/%3Ab%3A/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK) |
| **Line Manager Recommendation:** [ ]  **Endorsed** [ ]  **Not Endorsed**  |
| Name | Signature: | Date:  |
| ***HR Delegated Authority Recommendation*** *As per the* [*HR Delegations*](https://edithcowanuni.sharepoint.com/%3Ab%3A/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK)*:* [ ]  **Endorsed** [ ]  **Not Endorsed**  |
| Name | Signature: | Date:  |

|  |
| --- |
| **ECU Delegated Authority or Nominee approval:** [ ]  **Approved** [ ]  **Not Approved** |
| Name: | Signature: | Date:  |

**Send completed form to** **payroll@ecu.edu.au**

|  |
| --- |
| **PAYROLL SERVICES USE ONLY** |
| [ ]  **Annual Leave: Current Balance: \_\_\_\_\_\_\_\_ \_\_ Balance after Cash out: \_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **FL604 Leave Adjustment actioned**[ ]  **Long Service Leave: Current Balance: \_ \_\_\_\_\_\_\_\_\_ Balance after Cash out: \_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **FL604 Leave Adjustment actioned**[ ]  **Offline entered** [ ]  **Pay Period Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_** [ ]  **Leave Pay Out Calculation Sheet Attached Actioned By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |