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| **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:** | | |  | |

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| **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) | | |
| **Line Manager Recommendation:  Endorsed  Not Endorsed** | | |
| Name | Signature: | Date: |
| ***HR Delegated Authority Recommendation*** *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)*:*  **Endorsed  Not Endorsed** | | |
| Name | Signature: | Date: |

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

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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |