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| Section 1: STAFF MEMBER DETA | AILS | |
| Staff ID (Essential) | | |
| Family Name | | |
| Given Name(s) | | |
| Unit/ Area | | |
| Fraction | | |
| This is a | New leave request Update to a previous leave booking | |
| | opulate to a previous leave booking | |
| Section 2: LEAVE REQUIRED | | Section 3: PAY IN ADVANCE and AMENDMENTS |
| Leave Type: | | ☐ Pay in advance (for paid leave only) |
| Leave without pay reason: | | ☐ Cancel a previous leave application |
| Medical Certificate or other relevant documentation attached | | Leave Type: |
| Days: | | Date from: |
| Hours: | (for part days only) | Date to: (Inclusive) |
| Weeks: | (for paid parental leave types only) | Section 4: STAFF MEMBER SIGNATURE |
| Date from: | | By signing this document, I confirm: • I am eligible for, and have, the leave entitlement associated with this application. |
| Date to: | (inclusive) | (Please refer to the relevant leave policy(s) <u>PTC Policies Procedures and Guidelines</u> and confirm current leave balances on <u>MvHR</u>) |
| Full Pay | | In the case of paid parental leave, I am the primary care giver as defined in the EA |
| Half pay (for LSL or paid parental leave types only) | | Signature: |
| Leave Type: | | Date: |
| Leave without pay reason: | | |
| Medical Certificate or other relevant documentation attached | | Section 5: SUPERVISOR APPROVAL/SUPPORT |
| Days: | | Only complete if you do not have <u>VCA Delegation</u> and support the application |
| Hours: | (for part days only) | Cinnahan |
| Weeks: | (for paid parental leave types only) | Signature: |
| Date from: | | Name: |
| Date to: | (inclusive) | Date: |
| Full Pay | | Section 6: ENTERING LEAVE ON STAFF MEMBER'S BEHALF |
| Half pay (for LSL or paid parental leave types only) | | Only complete this section if you are the leave approver entering leave on the employee's behalf. Please attach evidence of confirmation or attempts to |
| Leave Type: | | contact staff member. |
| Leave without pay reason: | | Reason for entering on staff member's behalf: |
| Medical Certificate or other relevant documentation attached | | |
| Days: | | |
| Hours: | (for part days only) | Signature: |
| Weeks: | (for paid parental leave types only) | Section 7: AUTHORISATION |
| Date from: | | Complete if you are the nominated VCA Holder and approve the request |
| Date to: | (inclusive) | VCA Holder Name |
| Full Pay | | VCA Holder Signature |
| Half pay (for LSL or paid parental leave types only) | | VCA Holder Position |
| Leave Type: | | Date Approved |
| Leave without pay reason: | | |
| Medical Certificate or other relevant documentation attached | | Complete if you are the PTC Authoriser and confirm the correct VCA Holder has provided approrpiate approval |
| Days: | | PTC Authoriser Name |
| Hours: | (for part days only) | PTC Authoriser Signature |
| Weeks: | (for paid parental leave types only) | |
| Date from: | (in alumina) | PTC Authoriser Extension No. |
| Date to: | (inclusive) | Date Approved |
| Full Pay | | Authorisation Level required is based on the requested leave booking. |
| Half pay (for LSL or paid parental leave types only) | | Please refer to the Standard Operating Protocol 'Management of PTC Paper-based Forms' to determine the appropriate Authoriser. |

VCA Holder NAME as per VC Authorisations (VCAs Framework): UniSA's VC Authorisations can be found here https://i.unisa.edu.au/staff/risk-assurance-services/vice-chancellors-authorisations/