

Please download and open this form using a desktop application, such as Adobe Acrobat. Please do not use this in your browser.

Section 1: STAFF MEMBER DETAILS	
Staff ID <i>(Essential)</i>	
Family Name	
Given Name(s)	
Unit/ Area	
Fraction	
This is a	<input type="checkbox"/> New leave request <input type="checkbox"/> Update to a previous leave booking

Section 2: LEAVE REQUIRED	
Leave Type: Leave without pay reason: Medical Certificate or other relevant documentation attached Days: Hours: <i>(for part days only)</i> Weeks: <i>(for paid parental leave types only)</i> Date from: Date to: <i>(inclusive)</i> Full Pay                      Half pay <i>(for LSL or paid parental leave types only)</i>	
Leave Type: Leave without pay reason: Medical Certificate or other relevant documentation attached Days: Hours: <i>(for part days only)</i> Weeks: <i>(for paid parental leave types only)</i> Date from: Date to: <i>(inclusive)</i> Full Pay                      Half pay <i>(for LSL or paid parental leave types only)</i>	
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Section 3: PAY IN ADVANCE and AMENDMENTS	
<input type="checkbox"/> Pay in advance <i>(for paid leave only)</i> <input type="checkbox"/> Cancel a previous leave application Leave Type: Reason: (If applicable) Date from: Date to: <i>(Inclusive)</i>	

Section 4: STAFF MEMBER SIGNATURE
By signing this document, I confirm: <ul style="list-style-type: none"> <li>I am eligible for, and have, the leave entitlement associated with this application. (Please refer to the relevant leave policy(s) <a href="#">PTC Policies Procedures and Guidelines</a> and confirm current leave balances on <a href="#">MyHR</a>)</li> <li>In the case of paid parental leave, I am the primary care giver as defined in the EA</li> </ul>
Signature:
Date:

Section 5: SUPERVISOR APPROVAL/SUPPORT
Only complete if you do not have <a href="#">VCA Delegation</a> and support the application
Signature:
Name:
Date:

Section 6: ENTERING LEAVE ON STAFF MEMBER'S BEHALF
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 contact staff member.
Reason for entering on staff member's behalf:
Signature:

Section 7: AUTHORISATION
Complete if you are the nominated VCA Holder and approve the request
VCA Holder Name
VCA Holder Signature
VCA Holder Position
Date Approved
Complete if you are the PTC Authoriser and confirm the correct VCA Holder has provided appropriate approval
PTC Authoriser Name
PTC Authoriser Signature
PTC Authoriser Extension No.
Date Approved

Authorisation Level required is based on the requested leave booking. Please refer to the Standard Operating Protocol 'Management of PTC Paper-based Forms' to determine the appropriate Authoriser.

VCA Authorisation Instructions  
Please print both the name and position of the authorised officer in the areas provided.

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

PTC Authoriser Signature and name  
This form requires a Level 4 PTC Authoriser or higher. By signing this document, the PTC Authoriser is verifying that the appropriate approval from a VCA holder has been provided. Please refer to the Standard Operating Protocol 'Management of PTC Paper-based Forms' to determine the appropriate PTC Authoriser.