

APPLICATION FOR PARENTAL LEAVE

Includes Adoption Leave and Parental Leave Extension

SURNAME: _____ FIRST NAME: _____ CAREGIVER NO: _____
DEPARTMENT: _____ HOSPITAL/DIVISION: _____

PLEASE COMPLETE ALL SECTIONS BELOW

Type of Parental Leave Applying For:

- ☐ ___ weeks paid parental/adoption leave at full pay
- ☐ ___ weeks paid parental/adoption leave at half pay
- ☐ ___ week/s paid partner leave
- ☐ ___ week/s unpaid parental/adoption leave (including extension to current period of parental leave)

Start Date of Leave: ____/____/____

Return to Work Date: ____/____/____

Do you wish to take any other leave in conjunction with your paid parental leave?

☐ Yes ☐ No If yes, please specify below the type of leave and number of hours to be paid:

- | | | |
|---|-------------|--------------------------------------|
| <input type="checkbox"/> Annual Leave | _____ Hours | Half Pay or Full Pay (please circle) |
| <input type="checkbox"/> Shift/OnCall Leave | _____ Hours | |
| <input type="checkbox"/> Public Holiday Leave | _____ Hours | |
| <input type="checkbox"/> ADO's | _____ Hours | |
| <input type="checkbox"/> Other _____ (please specify) | _____ Hours | |

Conditions for Parental Leave

1. Parental leave can only be granted on the grounds that the caregiver has completed a period of at least 12 months continuous service prior to the expected date of birth or placement
2. For eligibility criteria and details of conditions and entitlements, please refer to the SJGHC Parental Leave Policy and your relevant EBA/Award
3. Caregivers are to notify their Managers in writing at least 10 weeks before the expected date of birth
4. If a caregiver chooses to work within the last 6 weeks of pregnancy, a doctor's letter must state that the Caregiver is well enough to do so
5. Other leave taken in conjunction with paid parental leave shall be used in the same order as per the listed leave types above

Attachments

Please ensure the following are attached, when submitting this request:

- ☐ Medical Practitioners letter confirming pregnancy and specifying estimated date of birth
- ☐ Medical Certificate confirming fitness to work past 34 weeks (*if applicable*)

Salary Packaging

It is the caregiver's responsibility to notify the salary packaging provider of any period of unpaid leave which may impact salary packaging arrangements.

CAREGIVER SIGNATURE

____/____/____
DATE

MANAGER SIGNATURE

____/____/____
DATE

OFFICE USE ONLY

- ☐ HR ☐ Alesco ☐ Letter sent ☐ FC073 Next Review Date Amended ☐ Pay Office ☐ Alesco (ADO ceased, Leave Booked)

Signature _____ Date _____