|  |
| --- |
| **SHARED PARENTAL LEAVE APPLICATION FORM**  **(Maternity/Adoption/Special Paid Parental Leave)** |

**PLEASE COMPLETE AND EMAIL TO:**

**Human Resources Service Centre, Division of University Operations:** [hrservicecentre@adelaide.edu.au](mailto:hrservicecentre@adelaide.edu.au)

This form is to be used by staff applying for parental leave and intending to share the entitlement with their spouse or de facto partner who is also a staff member of the University.

* All applications must be accompanied by a certificate stating the expected date of birth/adoption.
* For parental/maternity leave if you are planning to work up to two weeks prior to the expected date of birth a certificate of fitness must be provided.
* For adoption leave the period of leave must start on the day of placement of the child.

The [Parental Leave Calculation Tool](https://www.adelaide.edu.au/hr/parental-leave-calculatorxlsx) may assist to determine your entitlement to paid parental leave.

|  |
| --- |
| **STAFF MEMBER DETAILS** |
| **Birth Mother/Primary Caregiver**  Staff ID: ..........................Position Title: ....................................................School/Branch ................................Work phone:  Title: ………Family name: ...................................................Given names (in full):  **Spouse/De Facto Partner**  Staff ID: ......................... Position Title: ....................................................School/Branch:......... .......Work phone:  Title (Mr/Ms): ………Family name: ....................................................Given names (in full): |
| **PARENTAL/MATERNITY/ADOPTION LEAVE DETAILS** |
| **Requirements**   * The first 14 weeks of paid parental leave (the first period of leave) must be taken by the birth mother or in the case of adoption leave, the primary caregiver. * The shared component of paid parental leave must start immediately after the end of the first period of leave. * You must take the leave separately in a single continuous period. * Paid partner leave must be taken as leave concurrently with leave taken by the primary caregiver. * Once the paid parental leave entitlement has been exhausted, other paid or unpaid leave may be taken.   **Completed by the Birth Mother/Primary Caregiver**  I have completed at least 7 months of continuous service and am applying for an equivalent of ……….. weeks full pay parental leave made up of:  Full pay: from: ..................to ....................... Half pay: from ..................... to .....................  My spouse/de facto partner and I am applying to share the remaining ........ weeks full pay parental leave.  My expected return to work date is: *(leave blank if completing the additional leave section)*  **Completed by the Spouse/De Facto Partner**  I am applying for an equivalent of weeks full pay parental/maternity/adoption leave made up of:  Full Pay: from: ..................to ....................... Half Pay: from ..................... to .....................  My expected return to work date is: |

|  |
| --- |
| **ADDITIONAL LEAVE (TO BE COMPLETED BY THE BIRTH MOTHER/PRIMARY CAREGIVER)** |
| **In addition to the parental leave requested, I also wish to take the following leave:**   1. Annual leave from: to: 2. Long service full pay leave from: to: 3. Long service half pay leave from: to: 4. Leave without pay from: to:   My expected return to work date is: …….. Continued Page 2 |

|  |  |
| --- | --- |
| **AUTHORISATION - Amended Return to Work** | **AUTHORISATION – Amended Return to Work** |
| **Staff** **member** (Birth Mother/Primary Caregiver)  In lodging this application, I declare that I am the birth mother/primary caregiver of the child.  I note that if I wish to amend the date that I intend to return to work I am required to apply to my Supervisor for approval not less than four weeks prior to the amended date of return.  I note that if I intend to apply to return to duty on a part time basis as per the Reduced Employment Fraction for Care of Child provisions (Refer to Enterprise Agreement (as amended))I am required to submit an application to my Supervisor not less than three months prior to the nominated date of return.  If applicable, I have attached to this form a medical certificate stating the expected date of birth/placement.  Name *(please print):*  Signature: Date: | **Staff** **member** (Spouse/De Facto Partner)  In lodging this application, I declare that I am the spouse/de facto partner of the birth mother/primary caregiver of the child.  I note that if I wish to amend the date that I intend to return to work I am required to apply to my Supervisor for approval not less than four weeks prior to the amended date of return. (Refer to Enterprise Agreement (as amended)).  Name *(please print):*  Signature: Date: |
| **RECOMMENDATION – Shared Parental Leave** | |
| **Supervisor**  Supported  Not supported  If not supported, please state reason:............................................  ......................................................................................................  Name *(please print):* .....................................................................  Signature: ................................................... Date: ................... | **Supervisor**  Supported  Not supported.  If not supported, please state reason:............................................  ......................................................................................................  Name *(please print): .................................................................*  Signature: .................................................. Date: ..................... |

|  |  |
| --- | --- |
| **AUTHORISATION – Shared Parental Leave** | |
| **Head of School/Branch Head**  Is the applicant research funded? Yes  No  If yes, please state Granting body.................................................  and Grant Scheme .....................................................................  **Approval:**  **Not Approved**  If not approved please state reason..............................................  ......................................................................................................  Name*: ..................................................................*  Signature: ................................................... Date: .................... | **Head of School/Branch Head**  Is the applicant research funded? Yes  No  If yes, please state Granting body.................................................  and Grant Scheme .....................................................................  **Approved:**   **Not Approved:**  If not approved please state reason .............................................  .......................................................................................................  Name*: ...................................................................*  Signature: ................................................... Date: ....................... |