**GENDER AFFIRMATION LEAVE APPLICATION FORM**

# 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 Gender Affirmation leave.

The University is committed to supporting trans and gender diverse staff members to affirm their gender in a safe,

positive and inclusive manner,

See clause 4.8.2 of the [*University of Adelaide Enterprise Agreement 2023 – 2025*](https://www.adelaide.edu.au/hr/ua/media/9569/proposed-enterprise-agreement-2023-2025.pdf) for more detailed information and eligibility criteria.

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: .................... Position Title: .............................................. School/Branch: Work phone:  Family name: …………………… Given names (in full): ………………….  I confirm I am employed in a fixed-term or continuing position, where I:  have at least 12 months’ continuous service prior to the intended leave date; and  am taking leave for legal and/or medical purposes related to the gender affirmation process.  I hereby apply for gender affirmation leave for the following dates:  a. Gender affirmation leave from: .................................................... to: .............................................  **Signature:** **Date:**  *An application for gender affirmation leave should be submitted to your supervisor with any relevant supporting documentation.* |

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| **RECOMMENDATION FOR GENDER AFFIRMATION LEAVE** |
| ***Supervisor:***  *Name: (please print): ...................................................... Signature: ...................................................... Date: ..........................* |

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| **AUTHORISATION FOR GENDER AFFIRMATION LEAVE** |
| ***Head of School/Branch Head:*** *(For approval)*  Name *(please print): ....................................................... Signature: ....................................................... Date: .........................*  Approved: ☐ Not Approved: ☐  If not approved please state reason: .................................................................... |