

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

This form is to be used by staff applying for Maternity, Adoption or Special Paid Parental leave.

See the [Fact Sheet](#) for more detailed information.

- All applications must be accompanied by a certificate stating the expected date of birth/placement
- Maternity leave must commence within the six (6) weeks prior to the expected birth date. If you are planning to work within the two (2) weeks prior to the expected birth date a medical certificate of fitness to work must be provided.
- For adoption leave the period of leave must start on the day of placement of the child.
- Special Paid Parental leave commences on the day you become the primary caregiver.

Applications not consistent with standard Parental Leave provisions must be accompanied by a supporting statement signed by Head of School/Branch.

The [Parental Leave Calculation Tool](#) may assist to determine your entitlement to paid parental leave.

Note: Where a staff member and partner/spouse want to apply to share leave, refer the [Shared Parental \(Maternity/Adoption\) Application Form](#)

STAFF MEMBER DETAILS

Staff ID: Position Title:..... School/Branch: Work phone:.....
 Title: Family name: Given names (in full):

COMPLETE THIS SECTION IF YOU MEET THE CONDITIONS FOR FULL PARENTAL LEAVE PAY AND ARE TAKING THE EQUIVALENT OF 26 WEEKS PAID PARENTAL LEAVE

Parental Leave: a maximum of 104 weeks of combined leave type is available.

1. Equivalent of 26 weeks full pay parental leave commencing on:
 made up of: Full Pay from: to.....
 Half Pay from: to.....
2. Other leave to be taken as follows:
 - a. Annual leave from: to:.....
 - b. Long service full pay leave from:..... to:.....
 - c. Long service half pay leave from: to:.....
 - d. Leave without pay from: to:.....
3. My nominated date of return to work:

Workforce Management Handbook	Leave Entitlement Procedure	Effective Date:	12 October 2018	Version 1.2
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COMPLETE THIS SECTION IF YOU QUALIFY FOR PRO-RATA PAID PARENTAL LEAVE UNDER THE PROCEDURE

Parental Leave: Taking a minimum of 14 weeks leave for maternity leave and adoption leave is compulsory.

1. Expected date of birth/placement of the child or which you will become primary caregiver:.....
 2. Date commencing parental leave:
 3. Total period of parental leave to be taken (weeks):.....
 4. Pro-rata paid parental leave entitlement (weeks):.....
- made up of: Full Pay from: to.....
- Half Pay from: to.....
5. The balance of..... weeks parental leave will be taken as follows:
 - a. Unpaid parental leave from: to:.....
 - b. Annual leave from:..... to:.....
 - c. Leave without pay from: to:.....
 6. Nominated date of return to work:

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COMPLETE THIS SECTION IF TAKING PAID PARENTAL LEAVE IN COMBINATION WITH THE RETURN TO WORK OPTION

See clause 4.5.4 of the Enterprise Agreement for options.

Parental Leave must be taken within the 104 weeks combined leave period. Note that taking the equivalent of 14 weeks paid parental leave as a minimum is compulsory. [University of Adelaide Enterprise Agreement](#) (as amended) – [Paid Maternity Leave – clause 4.5.2.1]. Note that the Return to Work option is not available to staff members with less than 12 months continuous service.

1. Equivalent of 14 weeks full pay parental leave commencing on:
 made up of: Full Pay from: to.....
 Half Pay from: to.....
2. The balance ofweeks paid parental leave will be taken in the form of
3. Other leave to be taken as follows:
 - a. Annual leave from: to:.....
 - b. Long service full pay leave from: to:.....
 - c. Long service half pay leave from: to:.....
 - d. Leave without pay from: to:.....
4. My nominated date of return to work:

CANCELLATION OR AMENDMENT TO PARENTAL LEAVE

Please amend my parental leave as follows:

1. Equivalent of weeks full pay parental leave commencing on:
 made up of: Full Pay from: to.....
 Half Pay from: to.....
2. The balance ofweeks paid parental leave will be taken in the form of
3. Other leave to be taken as follows:
 - a. Annual leave from: to:.....
 - b. Long service full pay leave from: to:.....
 - c. Long service half pay leave from: to:.....
 - d. Leave without pay from: to:.....
4. My nominated date of return to work will be:

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APPLICATION FOR PARENTAL LEAVE

Staff member

In lodging this application, I declare that I am the primary caregiver of the child.

I note that if I wish to amend the date that I intend to return to work and in accordance with the [University of Adelaide Enterprise Agreement](#) (as amended), I am applying to my supervisor for approval not less than four weeks prior to the amended date of return.

If I am working a voluntary flexible work arrangement under cl 4.15 of the University of Adelaide Enterprise Agreement (as amended), I note that the University will bring this to an end from the date I am due to commence paid parental leave and that if I wish for the arrangement to continue upon my return to work, I will need to re-apply.

I note that if I intend to apply to return to duty on a part time basis under the Reduced Hours for Care of Child clause 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 certificate stating the expected date of birth
- a certificate of fitness to work (can be provided 2 weeks prior to maternity leave)
- documentation confirming date of placement/date of becoming primary caregiver
- if application does not meet standard Parental Leave provisions, a supporting statement signed by Head of School

Signature:..... Date:

RECOMMENDATION- FOR PARENTAL LEAVE

Supervisor:

Name: (please print):Signature:Date:

Head of School/Branch Head:

Name (please print):Signature:Date:

Is the applicant's employment Research Grant Funded? Yes No

If yes, please state Grant Body:Grant Scheme:

AUTHORISATION- FOR PARENTAL LEAVE

Executive Dean/Corporate Manager/Divisional Head: (For approval)

Name (please print):Signature:Date:

Approved: Not Approved: If not approved please state reason

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