

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

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](#) 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:

Workforce Management Handbook	Leave Entitlement Procedure	Effective Date:	12 August 2019	Version 1.2
Authorised by	Chief Operating Officer	Review Date:	21 January 2022	Page 1 of 3
Warning	This process is uncontrolled when printed. The current version of this document is available on the HR Website.			

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:

- 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:.....

My expected return to work date is:

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AUTHORISATION - Amended Return to Work	AUTHORISATION – Amended Return to Work
<p>Staff member (Birth Mother/Primary Caregiver)</p> <p>In lodging this application, I declare that I am the birth mother/primary caregiver of the child.</p> <p>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.</p> <p>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.</p> <p>If applicable, I have attached to this form a medical certificate stating the expected date of birth/placement.</p> <p>Name (please print):</p> <p>Signature:..... Date:</p>	<p>Staff member (Spouse/De Facto Partner)</p> <p>In lodging this application, I declare that I am the spouse/de facto partner of the birth mother/primary caregiver of the child.</p> <p>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)).</p> <p>Name (please print):.....</p> <p>Signature:..... Date:.....</p>
RECOMMENDATION – Shared Parental Leave	
<p>Supervisor</p> <p>Supported <input type="checkbox"/> Not supported <input type="checkbox"/></p> <p>If not supported, please state reason:.....</p> <p>.....</p> <p>Name (please print):</p> <p>Signature: Date:</p>	<p>Supervisor</p> <p>Supported <input type="checkbox"/> Not supported. <input type="checkbox"/></p> <p>If not supported, please state reason:.....</p> <p>.....</p> <p>Name (please print):</p> <p>Signature: Date:</p>

AUTHORISATION – Shared Parental Leave	
<p>Head of School/Branch Head</p> <p>Is the applicant research funded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state Granting body..... and Grant Scheme</p> <p>Approval: <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>If not approved please state reason.....</p> <p>Name:</p> <p>Signature: Date:</p>	<p>Head of School/Branch Head</p> <p>Is the applicant research funded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state Granting body..... and Grant Scheme</p> <p>Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/></p> <p>If not approved please state reason</p> <p>.....</p> <p>Name:</p> <p>Signature: Date:</p>