

SPECIAL PAID PARENTAL LEAVE APPLICATION FORM

PLEASE RETURN COMPLETED FORM TO:
 The HR Service Centre: hrservicecentre@adelaide.edu.au

SECTION 1: STAFF MEMBER/ PRIMARY CAREGIVER DETAILS

Name..... Staff ID :
 Position title: School/Branch:
 Preferred Phone Number: Email Address:

Applicant Information

This form is to be used by an eligible staff member to apply for Special Paid Parental Leave.

Special Paid Parental Leave is only available to a staff member who meets the following eligibility requirements:

- Must be a fixed term or continuing staff member with at least 12 months continuous service as per clause 4.5.1.1 of the University of Adelaide Enterprise Agreement (as amended)
- Is otherwise ineligible for maternity or adoption leave;
- Becomes the primary carer of a child less than one (1) year of age; and
- From their particular circumstances can demonstrate a special case that warrants the granting of paid leave

Requirements

- Special Paid Parental Leave cannot commence until the staff member becomes the primary carer of the child, unless approved otherwise.
- Once the paid parental leave entitlement has been exhausted, other paid leave may be taken.

To assess your eligibility for Special Paid Parental Leave, refer to the [Leave Entitlements Procedure](#). For pro-rata entitlements refer to the [Paid Parental Leave Calculation Tool](#) to assist in determining the entitlement available.

Provide your completed form and evidence to your Head of School/Branch for consideration and/or approval.

Detailed information about what to include with your application is available in the [Special Paid Parental Leave FAQs](#).

SECTION 2A. DETAILS OF THE SPECIAL PAID PARENTAL LEAVE REQUEST

Date of birth of the child:..... Date of becoming primary carer of the child:.....

If 12 months or more of continuous service, eligible for 26 weeks special paid parental leave

I confirm that I have completed at least twelve months continuous service and I am eligible for up to 26 weeks special paid parental leave;

Proposed date of commencement of Special Paid Parental Leave: **Click or tap to enter a date.**

Consisting of:

Full Pay from:to.....; and

Half Pay from: to.....

If less than 12 months continuous service, eligible for pro-rata special paid parental leave

I confirm that I have completedmonths continuous service and am applying for an equivalent of weeks special paid parental leave which is the pro-rata entitlement.

Commencing **Click or tap to enter a date.**

Consisting of:

Full Pay from:to.....; and

Half Pay from: to.....

SECTION 2B. PROVIDE DETAILS OF ANY ADDITIONAL LEAVE REQUESTED:

- Annual leave from: to:
- Long service full pay leave from: to:
- Long service half pay leave from: to:

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Leave without pay from: to:
 My expected date of return to work:

SECTION 3: COMPLETE IF REQUESTING SPECIAL PAID PARENTAL LEAVE IN COMBINATION WITH THE RETURN TO WORK OPTION (under clause 4.5.4 of the Enterprise Agreement)

Note: 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: Click or tap to enter a date..

Consisting of: Full Pay from: to

Half Pay from: to

2. The balance ofweeks paid parental leave will be taken in the form of

3. Provide details of any other leave requested:

Annual leave from: to:

Long service full pay leave from: to:

Long service half pay leave from: to:

Leave without pay from: to:

Nominated date of return to work:

SECTION 4: STAFF MEMBER STATEMENT

The applicant will provide a detailed explanation as to why they believe they are eligible for Special Paid Parental Leave (where necessary attach additional information/evidence to substantiate the request).

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SECTION 5: STAFF MEMBER DECLARATION

In lodging this application, I declare that I am/ will be the primary caregiver of the child under one (1) year of age.

I acknowledge that:

- If I am working a voluntary flexible work arrangement under cl 4.15 of the University of Adelaide Enterprise Agreement (as amended), the University will end the VFWA 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;
- If I am on a fixed term contract and the contract is not renewed for any reason, my employment with the University will cease, and my parental leave payments will cease; and
- Should I wish to amend the date that I intend to return to work, in accordance with the [University of Adelaide Enterprise Agreement](#) (as amended), I must apply to my supervisor for approval not less than four weeks prior to the amended date of return; and
- 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.
- I have discussed my request for Special Paid Parental Leave with my supervisor.

I have attached to this form:

- Documentation confirming the date of birth of the child;
- Documentation confirming the date of becoming the primary caregiver
- A detailed explanation of the circumstances which give rise to my being the primary carer of the child (under one year of age), which does not meet eligibility requirements for other types of paid parental leave and appropriate evidence.

Please provide the completed and signed form and attachments to your Supervisor (in the first instance) for their endorsement.

Signature: Date:

SECTION 6: SUPERVISOR RECOMMENDATION

Supervisor:

Name: (please print):Signature:Date:

SECTION 8: HEAD OF SCHOOLS/BRANCH HEAD RECOMMENDATION

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

If yes, please provide details of the Grant Body: Grant Scheme:.....

- I have considered the applicant’s request for Special Paid Parental leave and the evidence provided.
- I Support the **application for Special Paid Parental Leave**
- I do not support **he application for Special Paid Parental Leave**

Please detail the applicant’s case for Special Paid Parental Leave and why it is supported.

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Head of School/Branch Head Name (please print):

Signature:Date:

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SECTION 9: EXECUTIVE DEAN /AREA MANAGER RECOMMENDATION

- I have considered the applicant’s request for Special Paid Parental leave and the evidence provided, and **I am satisfied / I am not satisfied** that the staff member’s particular circumstances warrant granting Special Paid Parental Leave.
- I confirm that the Faculty can fund the period of SPPL and recommend that the University approve this application; or
- I do not recommend that the University approve this application for SPPL.

Please detail the reasons why you are recommending/do not recommend this application for SPPL

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Executive Dean/Area Manager (please print): Faculty Funding Code:.....

Signature: Date:

SECTION 10: EXECUTIVE DIRECTOR, HUMAN RESOURCES

- I have considered the applicant’s request for Special Paid Parental leave and the evidence and recommendation of the Executive Dean/Area Manager and **I am satisfied / I am not satisfied** that the staff member’s particular circumstances warrant granting Special Paid Parental Leave and that the Faculty can fund the application.
- I approve this application for SPPL; or
- I do not approve this application for SPPL.

Please detail the reasons why you do not approve this application for SPPL

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Executive Director, Human Resources (please print):

Signature: Date:

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