



# Leave Entitlement Procedure

## Aim

This procedure prescribes the general conditions and eligibility for the process to be followed, and responsibilities associated with accessing staff leave entitlements, consistent with the [Workforce Management Policy](#) and clause 4 of the [University of Adelaide Enterprise Agreement](#).

## 1 Objectives

- 1.1 To ensure that all leave applications have been approved in accordance with this procedure.

## 2 Scope and Application

### 2.1 Inclusions

This procedure applies to all staff members except as provided for below.

### 2.2 Exclusions

This procedure does not apply to casual staff members except for the following types of leave:

- Parental Leave (maternity/adoption/shared paid parental/partner) – paid and unpaid;
- Long Service Leave;
- Unpaid Personal Leave; and
- Unpaid Compassionate Leave.

### 2.3 Application

All types of leave described in this procedure below, with the exception of Parental leave, are applied for, amended or cancelled through [Staff Services Online \(SSO\)](#).

The respective Faculty/School/Branch is financially responsible for the cost of all types of leave (including annual leave and long service leave), except parental/maternity/adoption leave, which is centrally funded.

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## 2.3 Application (continued)

The types of leave as provided for in the University of Adelaide Enterprise Agreement (as amended) are listed below:

- Annual Leave – clause 4.1
  - Annual leave loading is paid to all staff members (excluding casuals) in the first pay period of December in each year.
  - Where a staff member suffers a personal injury or is sick while on annual leave they may have their annual leave for the days re-credited, provided a medical certificate is supplied and the personal leave balance is in credit.
- Personal Leave (sick/carer's) – clause 4.2
- Compassionate Leave – clause 4.3
- Parental Leave (maternity/adoption/shared paid parental/partner) – clause 4.5
  - Time off for Parental leave may include Paid Maternity Leave, Unpaid Maternity Leave, Annual Leave and Long Service Leave periods. Where a staff member intends to apply for other forms of leave during the period of Parental leave (e.g. annual leave), the application may only include a request for these other forms of leave on dates when paid parental leave entitlements have been exhausted. For example: an application for six months paid Maternity leave at full pay, four weeks annual leave, two weeks Long Service Leave and the balance as unpaid Maternity Leave would be acceptable.
- Community Service – clause 4.6
  - A staff member is required to enter their leave in [Staff Services Online \(SSO\)](#) once they have confirmation of days actually required to attend jury duty. If they are not required to attend jury duty on a particular day, they will attend work as usual.
- Cultural Obligation – clause 4.7
  - Supervisors/managers have an obligation to make every reasonable effort to accommodate requests for cultural obligation leave while having regards to the needs of the area.
- Special Paid Leave – clause 4.8
- Trade Union Training – clause 4.9
- Leave Without Pay – clause 4.10
- Long Service Leave – clause 4.11
- Defence Leave – clause 4.12

Where a public holiday occurs during a period of personal leave, annual leave, long service leave or compassionate leave, the public holiday does not count as a period of leave.

## 3 Process: Requesting Leave

Person Responsible		Actions
3.1	Staff Member	a) Ensure that you meet the eligibility provisions outlined in clause 4 of the <a href="#">University of Adelaide Enterprise Agreement</a> . b) Determine the type of leave to be taken. (See 2.3) c) Ensure that you speak to your supervisor regarding your proposed leave plan (or any unplanned leave taken) before applying for and entering the request into Staff Services Online (SSO) or submitting the appropriate <a href="#">Parental/Maternity/Adoption leave application form</a> . (Appendix A) or <a href="#">Shared Parental/Maternity/Adoption leave application form</a> . (Appendix B) d) Ensure that you do not make any financial commitments (e.g. booking a holiday) before advising your supervisor, applying and gaining approval for your leave request. e) Submit your leave application via <a href="#">Staff Services Online (SSO)</a> .

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## 4 Process: Approving/Declining Leave

Person Responsible	Actions
4.1 Supervisor/Manager	<ul style="list-style-type: none"> <li>a) Review staff member's request for any planned or unplanned leave, taking into consideration their eligibility, leave balances and operational requirements.</li> <li>b) Review work commitments to ensure suitable arrangements can be made to carry on essential work within the area concerned as well as appropriate management of leave accruals.</li> <li>c) Endorse/approve or decline leave request as per <a href="#">University Delegations</a> and refer to the <a href="#">Remuneration and Employment Benefits Policy</a>. Supervisors/managers have an obligation to make every reasonable effort to accommodate the leave while having regard to the needs of the area.</li> <li>d) Ensure that all employee leave taken, is entered into <a href="#">Staff Services Online (SSO)</a> by the staff member and then approved by the supervisor/manager.</li> </ul>
4.2 Area Manager	<ul style="list-style-type: none"> <li>a) Approve or decline leave without pay request as per <a href="#">University Delegations</a> through <a href="#">Staff Services Online (SSO)</a>.</li> </ul>

## 5 Process: Cancelling and/or Amending Leave

Person Responsible	Actions
5.1 Staff Member	<ul style="list-style-type: none"> <li>a) Ensure that you speak to your supervisor regarding any amendments or cancellations to previously submitted and approved leave.</li> <li>b) Submit leave cancellation in <a href="#">Staff Services Online (SSO)</a>.</li> </ul>
5.2 Supervisor/Manager	<ul style="list-style-type: none"> <li>a) Approve or decline leave cancellation in <a href="#">Staff Services Online (SSO)</a>.</li> </ul>
5.3 Staff Member	<p>If applicable:</p> <ul style="list-style-type: none"> <li>a) Resubmit leave application in <a href="#">Staff Services Online (SSO)</a> with the revised dates.</li> </ul>
5.4 Supervisor/Manager	<ul style="list-style-type: none"> <li>a) Approve leave request in <a href="#">Staff Services Online (SSO)</a>.</li> </ul>

## 6 Definitions

**Area Manager**

Area Manager means Deputy Vice-Chancellors, Vice-Presidents, Pro Vice-Chancellors, Executive Deans, Director Human Resources (and a person acting in these positions), and Institute Directors.

**Staff Services Online**

[Staff Services Online \(SSO\)](#) is an online, self-service tool which allows staff to apply for and manage leave, view payslips, manage banking details, update personal information and record PDRs.

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## 7 Useful information and resources

7.1	<b>University related documents and policies</b> <a href="#">University of Adelaide Enterprise Agreement 2014-2017 (as amended)</a> <a href="#">Remuneration and Employment Benefits Policy</a> <a href="#">Workforce Management Policy</a>
7.2	<b>Related legislation</b> <a href="#">Age Discrimination Act 2004</a> (Cth) <a href="#">Disability Discrimination Act 1992</a> (Cth) <a href="#">Equal Opportunity Act 1984</a> (SA) <a href="#">Fair Work Act 2009</a> (Cth) <a href="#">Australian Human Rights Commission Act 1986 (Cth)</a> (Cth) <a href="#">Privacy Act 1988</a> (Cth) <a href="#">Racial Discrimination Act 1975</a> (Cth) <a href="#">Racial Vilification Act 1996</a> (SA) <a href="#">Sex Discrimination Act 1984</a> (Cth) <a href="#">Work Health and Safety Act 2012</a> (SA) <a href="#">Work Health and Safety Regulations 2012</a> (SA)
7.3	<b>Useful Web-links</b> <a href="#">HR Service Centre</a> <a href="#">Staff Services Online</a> <a href="#">Delegation of Authority</a>

## PARENTAL LEAVE APPLICATION FORM (Maternity/Adoption/Special Paid Parental Leave)

**PLEASE COMPLETE AND FORWARD TO:**  
Human Resources Branch, Division of Services and Resources

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 should commence six weeks prior to the expected birth date. If you are planning to work between six and two weeks prior to the expected date of birth 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

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 TAKING THE EQUIVALENT OF 26 WEEKS AS 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 will be: .....

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**COMPLETE THIS SECTION IF TAKING PAID PARENTAL LEAVE IN COMBINATION WITH OTHER LEAVE PROVISIONS**

Parental Leave must be taken within the 104 weeks combined leave period. Note that the taking of the equivalent of 14 weeks paid parental leave, as a minimum is compulsory. [University of Adelaide Enterprise Agreement](#) (as amended) – [Paid Maternity Leave – clause 4.5.6(c)]

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 of .....weeks 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: .....

**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 of .....weeks 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.

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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## SHARED PARENTAL LEAVE APPLICATION FORM (Maternity/Adoption/Special Paid Parental Leave)

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.

### 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.

#### Completed by the Birth Mother/Primary Caregiver

I have completed 1 year 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 has completed 1 year of continuous service 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 have completed 1 year of continuous service and 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:

- 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><b>Staff member (Birth Mother/Primary Caregiver)</b></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><b>Staff member (Spouse/De Facto Partner)</b></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:.....</p> <p>Date: .....</p>
RECOMMENDATION – Shared Parental Leave	
<p><b>Supervisor</b></p> <p>Supported <input type="checkbox"/> Not supported <input type="checkbox"/></p> <p>If not supported, please state reason:.....</p> <p>Name:(please print): .....</p> <p>Signature: ..... Date: .....</p>	<p><b>Supervisor</b></p> <p>Supported <input type="checkbox"/> Not supported. <input type="checkbox"/></p> <p>If not supported, please state reason:.....</p> <p>Name (please print): .....</p> <p>Signature: ..... Date: .....</p>
<p><b>Head of School/Branch Head</b></p> <p>Is the applicant research funded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state Granting body.....</p> <p>and Grant Scheme .....</p> <p>Recommended . <input type="checkbox"/> Not Recommended <input type="checkbox"/></p> <p>If not recommended, please state reason:.....</p> <p>Name: .....</p> <p>Signature: ..... Date: .....</p>	<p><b>Head of School/Branch Head</b></p> <p>Is the applicant research funded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state Granting body.....</p> <p>and Grant Scheme .....</p> <p>Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/></p> <p>If not recommended, please state reason:.....</p> <p>Name: .....</p> <p>Signature: ..... Date: .....</p>

AUTHORISATION – Shared Parental Leave	
<b>Executive Dean/Corporate Manager/Divisional Head</b>  Approval: <input type="checkbox"/> Not Approved <input type="checkbox"/> If not approved please state reason..... ..... Name: ..... Signature: ..... Date: .....	<b>Executive Dean/Corporate Manager/Divisional Head</b>  Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> If not approved please state reason ..... ..... Name: ..... Signature: ..... Date: .....