

University of Tasmania

Leave Application



Please refer to the Leave Section in the relevant [Agreement](#) and in the [HR Manual](#) for specific details of leave provisions.

APPLICANT DETAILS				
Family Name		Given Name(s)		Employee No
School / Section				
I apply for the period of leave detailed below			Signature / /	

LEAVE DETAILS							
<input type="checkbox"/> Annual	<input type="checkbox"/> Long Service → <input type="checkbox"/> Normal Pay <input type="checkbox"/> Double Pay <input type="checkbox"/> Half Pay						
<input type="checkbox"/> Sick	<input type="checkbox"/> Parental → <input type="checkbox"/> Normal Pay <input type="checkbox"/> Half Pay						
<input type="checkbox"/> Carer's	<input type="checkbox"/> Special → <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay						
<input type="checkbox"/> Bereavement							
Bereavement, Parental and Special Leave: Please provide details and / or attach supporting documentation.							
Period of Leave	From	<input type="checkbox"/> am <input type="checkbox"/> pm	First day of absence	To	<input type="checkbox"/> am <input type="checkbox"/> pm	Last day of absence	(inclusive)
			/ /			/ /	
Number of working days (excluding public holidays)							

MEDICAL CERTIFICATE (Sick, Carer's and Parental Leave)	
<input type="checkbox"/> Attached	Absences of 3 or more consecutive days sick leave / carer's leave must be supported by medical certification. No more than 5 days sick leave / carer's leave (combined) without medical certification shall be allowed in any sick leave year.
<input type="checkbox"/> Not attached	

PREPAYMENT OF SALARY	
LSL or Parental Leave - Please tick if prepayment is required	<input type="checkbox"/>
Prepayment of salary for annual leave will only be approved in exceptional circumstances such as where the employee is travelling overseas, on compassionate grounds or in the case of hardship.	
<input type="checkbox"/> Prepayment is requested for AL for the following reason:	
There may be tax implications if leave extends into the next financial year. Please contact the Pay Office for additional information.	

APPROVAL		
Approved Head of School/Section	Name	
	Signature	/ /

Human Resources Use Only	HRMS Updated	
	Signature	/ /

Please return this form to Human Resources, Locked Bag 1346, Launceston