

Leave Application

Leave Without Pay and Sick Leave Without Pay

Employee Details

Employee Number	Name	Campus	Fraction
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Faculty/Division/Office	School/Section/Centre		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

Part Time Staff Must Complete

Please specify roster for the fortnight commencing the Friday immediately after pay day.

	Fri	Sat	Sun	Mon	Tue	Wed	Thu		Fri	Sat	Sun	Mon	Tue	Wed	Thu
Hours	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Leave Details (Further information is available on our [website](#))

Leave Without Pay From No. of hrs (if not full day) Total hours/ calendar days

To No. of hrs (if not full day)

Please attach supporting documentation for extended leave without pay.

Note: Leave without pay may affect service for the purposes of salary progression, probationary periods and final superannuation or death/disablement benefits. Early return from leave is subject to approval by the Band 6 delegate.

Specify nature of leave

Sick Leave Without Pay From No. of hrs (if not full day) Total hours/ calendar days

To No. of hrs (if not full day)

Note: Medical certificates are required for leave exceeding three (3) days. The certificate should state the nature of the illness or incapacity and indicate the period of absence. A clearance from a medical practitioner must be provided if the employee is to return to work prior to the end date indicated on the medical certificate.

Superannuation Arrangements

UniSuper Members - Please indicate preferred option

Option 1 I will maintain my full membership by paying my contribution **and** the University's contribution for the period of leave.

Option 2 I will suspend my membership by making no contributions, in which case the period of leave without pay is treated as membership with a service fraction of zero.

State Superannuation (SASS/SSS) Members

Please contact the Superannuation Officer on 02 6933 2272 or super@csu.edu.au to ensure that you are fully aware of your entitlements and responsibilities in relation to superannuation during your period of leave at half pay.

Signature and Authorisation

Employee			
	Name	Signature	Date
Supervisor			
	Name	Signature	Date
Band 6 Who is this? <small>Not required for sick leave without pay</small>			
	Name	Signature	Date

HR Use Only	<input type="checkbox"/> Documentation	<input type="checkbox"/> Processed	<input type="checkbox"/> Copy to Super	<input type="checkbox"/> Probation Deferral?	<input type="checkbox"/> HPE'd	<input style="width: 80px;" type="text"/>	Asset ID # 149729 Last Reviewed: December 2018
--------------------	--	------------------------------------	--	--	--------------------------------	---	---