

Refer to [Annual Leave](#) and [Leave Loading](#) provisions before completing this form.

Note: Employees may elect to receive additional annual leave as an alternative to receiving payment of leave loading provided their annual leave accrual does not exceed the maximum accrual of eight weeks at the date of application.

Name: Staff ID: Phone:

Work unit: Professional employee Academic employee

If part-time, show number of hours worked per day: (PAY DAY)

Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu

I elect to receive additional annual leave in lieu of payment for annual leave loading and understand this leave must be taken before 31 March. My additional leave will be taken on the following dates:

Start date	No. of hours (if part day)	End date	No. of hours (if part day)

Employee's signature: Date:

Supervisor: Date:

ELIGIBILITY AND APPROVAL

Note: Additional annual leave in lieu of leave loading should not be approved if the employee has exceeded the maximum annual leave accrual of eight weeks at the date of application.

Approved Not approved

Head of Work Unit: Date:

Entitlement confirmed as hours annual leave.

HR Services: Date:

- OFFICE USE ONLY -

Period of service: from to = calendar days
(adjusted for ½ pay/LWOP/part-time variations)

Entitlement for additional annual leave: hours Prepared:.....Checked:.....

Leave adjustment entered: Leave entered: Added to spreadsheet Date: