

Refer to the relevant [leave conditions](#) before completing this form. Return completed form to hradvisor@scu.edu.au.

Name: Emp No: Phone:

Work unit: Academic employee Professional employee

Leave type	Start date	No. of hours (if part day)	End date	No. of hours (if part day)
Long service leave: <input type="checkbox"/> Full pay <input type="checkbox"/> Half pay <input type="checkbox"/> Pay in advance required				
Parental leave: <input type="checkbox"/> <u>Primary Carer's leave:</u> * <input type="checkbox"/> Full pay <input type="checkbox"/> Half pay <input type="checkbox"/> <u>Adoption leave:</u> * <input type="checkbox"/> Full pay <input type="checkbox"/> Half pay <input type="checkbox"/> <u>Partner leave</u> *				
<input type="checkbox"/> Other leave				

* Where supporting documentation is required, please provide it to your supervisor with your application.

Relevant information:

Applicant's signature: Date:

RECOMMENDATION AND APPROVAL	
Recommended:	
Supervisor/Head of Work Unit	Date:
Approved:	
Head of Work Unit/	Date:
Relevant Executive Member/Vice Chancellor	

Privacy Notice

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[Nov 24]

- OFFICE USE ONLY -	
<input type="checkbox"/> Entered: Date: <input type="checkbox"/> Pay in advance noted in Aurion <input type="checkbox"/> Superannuation fund advised (if necessary) <input type="checkbox"/> Annual leave balance checked	<input type="checkbox"/> Checked: Date: <input type="checkbox"/> Confirmation email sent to employee <input type="checkbox"/> If LWOP, Personal leave adjusted <input type="checkbox"/> <div style="text-align: right;">Pending increment adjusted <input type="checkbox"/></div>