



Name: ..... Position: ..... Employee No: .....

Department: ..... Location: ..... Cost Centre: .....

☐ **DAYS IN LIEU** No. Working days ( ..... ) from ...../ ...../ ..... to ...../ ...../ .....  
 ..... / ..... / ..... / ..... / ..... / ..... / .....  
☐ **Consultants/Medical Officers** – I hereby apply for days in lieu of the following Public Holidays worked  
☐ **Clinical Academics** – I hereby apply for days in lieu, accumulated as previously agreed with my Supervisor, to attend a conference or other academic pursuits  
☐ **Medical Practitioners/ Consultants/Medical Officers** – I hereby apply for days in lieu of the following Public Holidays on which I was rostered off

No. Working Days (.....)      No. Calendar Days (.....)      Date resumed Duty ...../...../.....

Payment required in advance ☐ Yes ☐ No

*For PAY IN ADVANCE this application should be submitted to the Pay Office 28 CALENDAR DAYS before commencement date applied for. Minimum period of leave for advanced payment is 2 weeks, taken in 7calendar day blocks.*

from ...../...../..... to ...../...../.....

*A medical certificate may be required for any absence, at the discretion of the Manager.*

*A medical certificate must be provided if the absence exceeds 3 consecutive working days (if not, paid Sick Leave will not be granted for the period of absence).*

I wish to apply for leave of absence for Family Leave purposes as detailed hereunder: *(a maximum of 5 days per annum can be applied for)*

I apply for leave of absence from ...../...../..... to ...../...../..... inclusive

Working Day(s): ..... No. Hours (.....) Date resumed Duty ...../...../.....

Reason for leave .....

**NB Satisfactory evidence of illness must be produced. (Medical certificate is considered to be acceptable evidence)**

I hereby apply for..... calendar days Long Service Leave from ...../...../..... to...../...../.....

Inclusive at: ☐ **FULL PAY** ☐ **HALF PAY** \*NB (Minimum of 7 calendar days to be taken or 14 calendar days at half pay)

Pay in Advance : ☐ Yes ☐ No

*For PAY IN ADVANCE this application should be submitted to the Pay Office 28 CALENDAR DAYS before commencement date applied for. Minimum period of leave for advanced payment is 2 weeks.*

**INPATIENTS:** Who will be responsible for your patients? Dr / Mr..... / Nobody

Dr / Mr..... / Nobody

☐ Yes ☐ No – If no, who is working in your place?

Dr / Mr..... / Nobody

☐ Yes    ☐ No – If no, who will be using your theatre time?

Dr / Mr..... / Nobody

I have advised the appropriate departments of this leave of absence.

**TMO's:** Is a reliever required?

☐ Yes      ☐ No

If Yes, Nominated Reliever (Roster/Admin Manager to complete) .....

☐ **SPECIAL LEAVE** ☐ with pay ☐ without pay No. Working days ( ..... ) Date resumed duty...../...../.....

I apply for leave of absence from ...../...../..... to ...../...../..... inclusive or Date ...../...../.....

Please indicate reason for special leave:

☐ **Care of Sick Child/Dependant** (Certificate may be required)  
*I certify that it is not practical or reasonable for alternative arrangements to be made.*

☐ **\*Moving House** - New Address & Contact Numbers:  
(Please notify the HR/Admin Department of change of address)

*Special leave with pay is not to be granted at more frequent intervals than every three (3) years.*

\*I certify that: Where the spouse of an officer is also an employee of the State, only ONE person is granted special leave with pay.

☐ Conference, Workshop, Seminar, Training Course etc. (Programme attached)

☐ Maternity/Adoption Leave (NB: Letter from doctor must be attached)

☐ Paid Maternity/Adoption Leave from ...../...../..... to ...../...../.....

☐ Unpaid Maternity/Adoption Leave from ...../...../..... to ...../...../.....

☐ Other (Reason for Leave – Please specify, eg: Military leave) .....

#### CONFERENCE, PROFESSIONAL DEVELOPMENT & SPECIAL LEAVE

Number Calendar Days ( ..... ) From ...../...../..... to ...../...../.....

☐ **CONFERENCE LEAVE** (Australasian Conference Leave) (Consultants and all other salaried medical staff registered as specialists by the Medical Board) (Up to 5 calendar days per service year – can accumulate for 2 years)

☐ **CONFERENCE LEAVE** (Clinical Academics) (Single period of up to 5 calendar days per service year – can accumulate for 2 years)

☐ **CONFERENCE LEAVE** (VMSs – until 31 December 2007) (Single period of up to 5 calendar days per service year – can accumulate for 2 years)

☐ **PROFESSIONAL DEVELOPMENT LEAVE** (Consultants, Clinical Academics, Medical Practitioners in accredited training programs) (5 days per service year – can accumulate for 2 years)

☐ **PROFESSIONAL DEVELOPMENT LEAVE** (VMSs – from 1 January 2008) (Single period of up to 10 calendar days per service year – can accumulate for 2 years)

☐ **PROFESSIONAL DEVELOPMENT LEAVE** (Senior Medical Practitioners/Medical Practitioners *not in accredited* training programs and Medical Officers) (One week per service years)

☐ **EXAMINATION (STUDY) LEAVE** (Normally Applies To Medical Practitioners)

☐ To prepare for examination or to meet other study or educational commitments arising from the accredited training program, including attendance at conferences, seminars and courses and programs as required by the appropriate College (A maximum of 7 calendar days per service year – can accumulate for 2 years)

☐ To sit for examination (please specify exam) .....

***I understand that this leave is granted on the condition that if I leave the service of the Hospital before rendering service appropriate to the amount of leave granted, I will refund the monetary equivalent of the excess leave taken.***

Signature of Applicant ...../...../.....  
Date

#### LEAVE RECOMMENDED

Signature ...../...../.....  
Name (please print) Title Date

#### LEAVE APPROVED

Signature ...../...../.....  
Name (please print) Title Date

#### PAY CLERK

Signature ...../...../.....  
Date