



IPSWICH CITY COUNCIL

# Parental Leave Application Form

OUR VALUES:



COLLABORATION



COMMUNICATION



INTEGRITY



EFFICIENCY



LEADERSHIP

TOGETHER WE PROUDLY ENHANCE THE QUALITY OF LIFE FOR OUR COMMUNITY.

**IMPORTANT: Application for leave must be lodged at least 10 weeks prior to commencement to enable consideration and a decision on approval. Please forward the completed form and documentation to Payroll.**

## SECTION 1 (to be completed by applicant)

Name:		Employee No:	
Department:		Branch:	
First day of leave:	Last day of leave:	Resume work on:	
Please state total period absent from work including flex leave and time-in-lieu. Please note that clearance from a medical practitioner is required for work performed within 6 weeks of estimated due date.			

Leave Type	No. of weeks	Exhaust all	½ Pay	Full pay
Annual leave			N/A	
Flex leave			N/A	
Time in lieu			N/A	
Long service leave				
Maternity sick leave (balance of two weeks to be held at all times)				
Maternity leave 1 year service: 6 weeks 2 years' service: 8 weeks 3 years' service: 10 weeks				
Unpaid Parental Leave			N/A	
<b>TOTAL LEAVE (max 52 weeks)</b>				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 (required documentation to be provided by applicant)

- Statutory declaration (as attached to the Parental Leave Guidelines on the Wire)
- Medical certificate with estimated due date.

**PLEASE ENSURE REQUIRED DOCUMENTATION IS ATTACHED TO THIS FORM.**

## SECTION 3 (to be completed by Supervisor/Manager)

Leave is approved

Leave is not approved. Please state reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Date: March 2020

Owner: People and Culture Branch

Version no.: 2

Objective ID: A4708327

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