**PARENTAL LEAVE APPLICATION FORM**

Note: Employees must submit this completed form to Human Resources no later than 10 weeks before proceeding on leave.

|  |  |
| --- | --- |
| **EMPLOYEE DETAILS** | |
| **Employee Name:** |  |
| **Employment Status:** |  |
| **Employee Commencement Date:** |  |
| **Department:** |  |
| **Manager:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAVE TYPE** | **DATE FROM** | **DATE TO** | **TOTAL WEEKS** |
| **Maternity Leave:** |  |  |  |
| **Paternity Leave:** |  |  |  |
| **Adoption Leave:** |  |  |  |

***Note:*** *If a pregnant employee wishes to continue working in the last six weeks of her pregnancy, she may be requested to provide a medical certificate confirming she is fit to work along with completion of the Fit to Work - Pregnancy Form.*

|  |  |
| --- | --- |
| **DOCUMENTATION** | |
| **Medical Certificate Attached:** | **YES  NO** |
| **Statutory Declaration Attached:** | **YES  NO** |
| **Other (provide details):** | **YES  NO** |

|  |  |
| --- | --- |
| **MANAGEMENT APPROVALS** | |
| **1st Approval Level - Manager Approval:** |  |
| **2nd Approval Level - HR Approved:** |  |
| **Date:** |  |

I will confirm with my employer my intention to return to work no later than 4 weeks prior to my anticipated return date, including if I wish to extend my parental leave period.

|  |  |
| --- | --- |
| **EMPLOYEE ACKNOWLEDGEMENT** | |
| **Employee Name:** |  |
| **Employee Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **INTERNAL OFFICE USE ONLY** | |
| **Leave Accepted:** | **YES  NO** |
| **Planner Updated:** | **YES  NO** |
| **MYOB Processed:** | **YES  NO** |
| **Personnel Record Updated:** | **YES  NO** |