



All Leave Policies are located <http://www.cdu.edu.au/hr/polproc.html#11>

Amended application Yes No
Attach details of previous application

Applicant Details	
Employee Name: _____	Employee ID: _____ Job# _____
Faculty/Division: _____	School/Branch: _____
Extension No: _____	Email: _____
Address on Leave: _____	Contact No: _____
Academic Staff Only: I acknowledge that approval of this application is subject to my having submitted all results and completed all essential activities prior to the commencement of this leave.	
Applicant Signature: _____	Date: _____

Part-Time staff Use Only: please indicate hours worked each day									
Thurs (start of Fortnight)	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed
Normal working hours per week: _____					Number of hours taken during this absence: _____				

Please indicate leave type by selecting from the leave codes below. One form can be used for multiple leave types.						
Code (as below)	Description of Leave	First day of leave	Last day of leave	No. of months/ days/hrs	From am/pm	To am/pm

Leave Codes

- | | | |
|--|-------------------------------|--|
| ADOPT Adoption Leave | JURY Jury Service | SLFP Sick Leave |
| ARL Recreation Leave (General staff) | LSL Long Service Leave | SPEC Special Leave (All Awards) |
| ARLA Recreation Leave (Academic HE/VET) | LWOP Leave without Pay | WCOMP Workers Compensation |
| BEREA Bereavement Leave | MAT Maternity Leave | OTHER Please specify in description (ie. Sick leave pending workers compensation) |
| FAM Personal Carer's Leave | MILIT Military Leave | |

Important notes when applying for leave:

- LSL** Not to be taken in periods of less than 15 calendar days. Note Public Holidays are included; LSL is calculated on a 7 day week.
- LWOP** All paid leave must be exhausted before commencing LWOP. LWOP (including Sick LWOP) **does not** count as service for the accrual of entitlements that accrue on the basis of continuous paid service, e.g. Maternity leave, Long Service Leave, Professional Development Leave etc. However, periods of LWOP do not break your continuity of service.
- MAT** Medical certificate must be provided certifying the expected date of birth not less than ten weeks before the expected date of birth.
- SLFP** Medical certificate must be attached if 3 or more consecutive days taken or where 5 days without medical certificate have been taken during your accrual year.
- WCOMP** Once workers compensation claim has been accepted any Sick Leave will be re-credited.

Recommendation and Approval	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
_____ (Supervisor Signature) _____ Date	
Proposed relief arrangements (if essential): _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____ (Cost Centre Manager/Leave Delegate Signature) _____ Date	

People Management & Development Office Use Only			
<input type="checkbox"/> Entered in Concept	Pay No: _____	Pay Date: _____	PO Signed: _____ Date: _____