**APPLICATION FOR UNPAID LEAVE**

**Please accept this form as notification of my intention to take unpaid leave.**

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| **Name:** | Click or tap here to enter text. |
| **Job Title:** | Click or tap here to enter text. |
| **Department/Unit:** | Click or tap here to enter text. |
| **Name of Line Manager(s):** | Click or tap here to enter text. |

**SECTION A – FOR COMPLETION BY THE INDIVIDUAL REQUESTING UNPAID LEAVE**

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| **Complete as appropriate:** |
|  | ***If you intend to take one block of leave:*** | **OR** | ***If you intend to take multiple individual days of unpaid leave, please list the dates below:*** |  |
|  | **I wish to start my unpaid leave on:** |  | Click or tap here to enter text. |  |
|  |  | Enter date. |  |  |  |  |
|  | **I wish to end my unpaid leave on:** |  |  |  |
|  |  | Enter date. |  |  |  |  |
|  |  |  |  |  |
|  |
| **Reason for taking unpaid leave:** |
| Click here to enter text. |
| **IMPORTANT NOTE:** Superannuation payments are not automatically payable during periods of unpaid leave and if you are in a University Pension Scheme, you should contact the Pensions Office to discuss how your specific circumstances will impact your pension scheme entitlements. |
|[ ]  **Declaration:** I authorise the University to deduct my pay accordingly for the above period/s of absence. |
| **Signed:** | **Date:** Enter date. |
| Attachment to an email will constitute signatory authorisation. |

***PLEASE SUBMIT THIS FORM TO YOUR LINE MANAGER.***

**SECTION B – FOR COMPLETION BY THE LINE MANAGER AND SCHOOL/SECTION MANAGER**

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| **Application is:** [ ]  a**greed** [ ]  **rejected** |
| **Comments/amendments:**  |
| Click here to enter text. |
| **Signed by Line Manager:** | **Date:** Enter date. |
| Attachment to an email will constitute signatory authorisation. |

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| **Superannuation payments are not automatically payable during periods of unpaid leave. If the employee opts to maintain their own employee pension contributions does the School/Section agree to meet the employer contributions?**  |
| [ ]  **Yes** [ ]  **No** |
| **Signed by School/Section Manager:** | **Date:** Enter date. |
| Attachment to an email will constitute signatory authorisation. |

***PLEASE SUBMIT THIS FORM TO THE FACULTY/PROFESSIONAL SERVICES HR TEAM.***