

STAFF LEAVE APPLICATION FORM



Name: _____

Preschool: _____

Signature: _____

Date: _____

Type of Leave Requested (tick one box)

- Annual Leave – for Merino Court office staff only.
- Sick - please refer to VECTEA 2016 Clause 29
Medical Certificate to be provided with time sheet for pre-requested sick leave.
- Carer's - please refer to VECTEA 2016 Clause 29.4 Relationship of immediate family member being cared for (eg. Child - _____)
Medical certificate to be provided with time sheet for pre-requested Carer's leave.
- Long Service – please contact LMPA to ensure your entitlement, (VECTEA 2016 Clause 33, Long Service Leave Act 1992(Vic) (must give 6 weeks' notice)
- Parental – please refer to VECTEA 2016 Clause 31 and Centrelink for details.
- Professional Development- Please indicate if this is paid or unpaid days/hours (VECTEA Clause 45)
Paid Un-Paid Course Details: _____
(this should relate to your PD plan)
- Approved unpaid absence-
LEAVE WITHOUT PAY WILL ONLY BE APPROVED IN EXCEPTIONAL CIRCUMSTANCES – (VECTEA 2016 Clause 39) DO NOT MAKE ANY BOOKINGS OR COMMITMENTS UNLESS YOU HAVE RECEIVED CONFIRMATION THAT YOUR REQUEST HAS BEEN APPROVED. (must give 2 months' notice)
Details: Attach a separate sheet detailing why this request constitutes exceptional circumstances (i.e. A FAMILY HOLIDAY IS NOT EXCEPTIONAL CIRCUMSTANCES, THESE SHOULD BE PLANNED FOR IN THE TERM BREAKS)
- Compassionate/Bereavement Leave - for immediate family members (VECTEA 2016 Clause 29.10)

DATE	START TIME	SESSION START TIME	SESSION END TIME	END TIME	REPLACEMENT STAFF (office use only)

Please forward this form to Merino Court LMPA

LMPA OFFICE USE ONLY

Authorized By: _____ Date: _____

Staff/Centre notified: email phone text Date: _____

Purchasing notified(for PD): email Date: _____