|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section One: Employee to complete** | | | | | | | | | | | | | |
| **Last name:** | | | **First name:** | | | | | | | | **Payroll No.** | | |
| **Region:** | | | | **Area:** | | | | | | | | | |
| **Leave type** | Please select | From (1st day off) | | | To (Last day off) | | | Number of days | | Personal care hours | | Home help hours | Other |
| **Annual Leave** |  |  | | |  | | |  | |  | |  |  |
| **Sick Leave**  Med cert provided to office |  |  | | |  | | |  | |  | |  |  |
| **Alternative leave**  (lieu time) |  |  | | |  | | |  | |  | |  |  |
| **Leave without pay** |  |  | | |  | | |  | |  | |  |  |
| Approving Regional Manager signature: | | | | | | | | | | | | |
| **EREL** (Employment Relations Education Leave) |  |  | | |  | | |  | |  | |  |  |
| **Bereavement Leave** |  |  | | |  | | |  | |  | |  |  |
| Relationship with deceased: | | | | | | | | | | | | |
| **Parental Leave**  Documentation provided to office |  |  | | |  | | |  | |  | |  |  |
| **Special paid leave** |  |  | | |  | | |  | |  | |  |  |
| Purpose of Special Paid Leave:  Approving Regional Manager signature: | | | | | | | | | | | | |
| **Annual Leave Cash Up** (available if employee has 4 weeks or more of entitled annual leave, a maximum of 1 week per 12 months is able to be cashed up) |  | Number of days to cash up: | | | | | | | | | | | |
| Approving Regional Manager signature: | | | | | | | | | | | | |
| **Annual Leave Cash Ups must be approved by the COO or CFO**  COO or CFO signature: | | | | | | | | | | | | |
| All leave will be paid out in your regular fortnightly pay | | | | | | | | | Employee Signature:  Date: | | | | |
| ***Please forward this form to your care coordinator for approval*** | | | | | | | | | | | | | |
| **Section two: Care Coordinator to complete** | | | | | | | | | | | | | |
| Do we have adequate cover to approve the leave: Yes No  Is there sufficient leave entitlement to cover period applied for: Yes  No | | | | | | Has SW been notified about leave approval or decline:  Yes No  Have all clients been contacted:  Yes No  Are plans in place to cover all required shifts:  Yes No | | | | | | | |
| Leave approval signature: | | | | | | Date: | | | | | | | |
| Date leave application sent to Administration Centre for processing: | | | | | | | | | | | | | |
| **Section three: Administration Centre staff** | | | | | | | | | | | | | |
| Processed by: | | | | | | | Date: | | | | | | |

|  |
| --- |
| **Section four: Leave Requirements** |
| * Leave will only be paid where there is **an approved leave form** and where you have **entitlement to paid leave** * Applications for planned leave must be received in the Access office **at least 2 weeks** before leave is needed. * Annual leave to cover sickness is considered **at the sole discretion of Access** and is granted by the Regional Manager and only **in exceptional circumstances,** where you have no sick leave entitlement**.** * Annual leave and lieu time is granted at the discretion of Access. This means that your leave application may be declined. **Please do not book travel until your leave is approved**. * Where you have no entitlement to planned leave, your leave request is likely to be declined. * Unplanned leave should be requested with as much notice as possible, in the circumstances. * Leave Without Pay for holidays will not be approved where Annual or Alternative leave is available. * Only where the request is for sick leave or bereavement leave can this form be completed by another person on behalf of the employee requesting the leave. * A maximum of one week’s leave can be cashed up per 12 month period. When an employee is cashing up one week’s leave, it is expected that the employee also book at least one week of annual leave. All annual leave cash up’s must be approved by the relevant Regional Manager and also either the Chief Operating Officer or the Chief Financial Officer. * If you visit your clients between when your leave is approved and when you go on leave, please let your clients know that you will be away and that a relief carer will be arranged for them. * Every effort will be made to replace the time of your clients’ normal service however sometimes this may not be possible due to rostering pressures. Please let your clients know that their time of service may change while you are on leave. * When you return from leave please check your roster. Your rostered work may have changed while you were away. For example a client may have gone into respite care or be in hospital. Please note that where your roster has changed and you have not checked it upon your return from leave, the late cancellation policy will **not** apply. * Sick leave (S/L) may be used to top up the ACC 20% shortfall if requested, eg 1 day S/L in one week to top up. Annual leave cannot be used for top up for ACC. See Sick Leave Policy |