



RETURN TO DUTY REQUEST FORM

Section 1: EMPLOYEE AND LOCATION DETAILS

Person ID	Family Name	Given Name(s)
Site		
Office	Division	
Unit		
Site Number	Classification (e.g.TCH, LS1, DIR, ASO)	
Telephone	Email	

Section 2: INTENT TO APPLY FOR LEAVE OR RETURN TO DUTY

I hereby confirm that I will be returning to duty prior to the expiration of my current leave.
If YES above, I hereby agree to amendment of my current leave expiration date
If you are returning to duty prior to the expiration of your current leave, you will need to seek delegate approval prior to submitting
I hereby confirm that I will be returning to duty at the expiration of my current leave
I hereby confirm that I will be applying for further leave and have completed the necessary leave application form

If you are not returning to duty at the expiration of your leave, you will need to complete the appropriate departmental form (e.g. application for further leave, resignation/retirement and seek delegate approval prior to submitting)

Section 3: FRACTION OF TIME – HOURS PER WEEK

Fraction of Time change?	Yes	No	Date of return	
<i>(If YES, please complete the following information and roster details)</i>				
Hours per week	Or	Fraction of time (School Teachers only)	Period to	New total - Hours Per Week

Section 4: WORK PATTERN (ROSTER) DETAILS - Part Time Employees (not applicable to Schooling Sector Teachers)

WEEK	MON	TUE	WED	THU	FRI
	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
Non-pay					
Pay					

1. I understand that leave is a negotiated arrangement that requires approval
2. I understand that any change to fractions of time worked require approval
3. I understand that returning to duty prior to the expiration of leave is a negotiated arrangement that requires approval
4. I understand that salary payments will not automatically be reinstated upon my return until Shared Services Payroll processes this completed

Employee signature:

Section 5: TO BE COMPLETED BY PRINCIPAL/PRESCHOOL DIRECTOR/LINE MANAGER

1. If employee is returning to duty prior to expiration of current leave (section 2), I approve amendment of employee's current leave expiration date

(Please print name)	(Signature)
(Position)	(Date)

Section 6: PAYROLL USE ONLY

RR0073 - Work Absences
RR0050 - Work Time
RR0135 - Work Pattern

ENTERED BY	CHECKED BY
.....

NOTES FOR COMPLETION**SECTION 1 - Employee and location details**

- Complete your personal and location details for the site you will be returning to

SECTION 2 - Intent to apply for leave or return to duty

- Tick the box if you will be returning to duty or if you will be applying for further leave
 - if you are applying for further leave you'll need to complete a leave application; available on the intranet

SECTION 3 - Fraction of time (FTE) - hours per week

- Fraction of time change:
 - is the fraction of time changing? Indicate yes or no
- Date of return:
 - indicate the date you will be returning to duty
- Hours per week: non-school Sector teaching staff, i.e. SSOs, preschool staff, PSM
 - the number of hours per week you will be working
- Fraction of time: schooling sector teachers only
 - the new fraction of time if changed
- Period:
 - the date of time change (if permanent leave end date blank)
 - if temporary please include current contract end date
- New roster for all hours worked: hours per week (non-school sector only)
 - the total number of hours worked per week

SECTION 4 - Work pattern (roster) details - part time employees (not applicable to schooling sector teachers)

- Complete the rostered hours
- Employee to sign

SECTION 5 - To be completed by delegate

- Ensure your return to work form is approved by your delegate (principal/preschool director/line manager)

SECTION 6 - Payroll use only

- For use within payroll services