

Leave Determination Form



The Department for Education may recognise periods of prior service with specific organisations for eligible employees to transfer leave entitlements. If you qualify to have prior service recognised, complete your details and then arrange for the remainder of the form to be completed by your former employer.

After you commence at the department, complete a Recognition of Prior Service Application for Teachers form, which is available on the department's intranet. For support, enquiries or clarifications, please contact the department's People Support Unit via education.hr@sa.gov.au.

Family Name _____ Given Name(s) _____

Department for Education Person ID _____

Previous Employer _____

Previous Employer ID _____

The following should be completed by your former employer's human resource branch.

Details for long service leave (LSL)

A Commencement date of service _____

B Adjusted anniversary date of service _____
(If required due to leave without pay or gaps between contracts.)

C Date ceased employment _____

D Was any payment made in lieu of LSL upon termination? Yes No

E Long service leave calendar days entitled for each service year _____

F Completed years details

- *Last anniversary date for completed years of service* _____
- *Calendar days balance for completed years of service* _____
- *Hours balance for completed years of service* _____

G Completed months details

- *Last anniversary date for completed months of service* _____
- *Calendar days balance for completed months of service* _____
- *Hours balance for completed months of service* _____

H Total long service taken as leave (enter where applicable)

No LSL taken Calendar days _____ Hours _____ Fortnights _____

Details for long service leave (LSL) continued

- I** Total long service paid out as lump sum (enter where applicable)
- No LSL taken Calendar days _____ Hours _____ Fortnights _____
- J** Monetary value to be transferred to the Department for Education South Australia from previous employer if LSL entitlements are transferred \$ _____
- K** Calendar days to not count for service during leave without pay and/or gaps between contracts *Please ensure that the total calendar days not to count for service reflects the difference between the date of commencement and the adjusted date of the long service leave.* _____
- L** Full-time employment Yes No
- M** If part-time, please provide the fraction of time *Period(s) of service: If the service details have multiple changes to the fraction of time the details can be attached separately.* _____
Employment status codes: Perm = Permanent, Temp = Temporary, Cas = Casual _____
- N** Full-time base hours per week from the most recent job _____

Details for sick/personal leave

- O** Anniversary date _____
- P** Sick leave accrual balance – provide the last date of the accrual _____
- Q** Balance of entitlements from the last job worked _____
Days/Hours
- R** Annual entitlements for a full-time employee _____
Days
- S** Are the entitlements accrued monthly or annually _____

Previous Employer Details

- Name of Organisation _____
- Contact person _____
- Contact address _____
- Contact phone _____
- Contact email _____