



## RETURN TO DUTY REQUEST FORM

### Section 1: EMPLOYEE AND LOCATION DETAILS

|             |                      |   |                      |               |                      |
|-------------|----------------------|---|----------------------|---------------|----------------------|
| Person ID   | <input type="text"/> | Family Name   | <input type="text"/> | Given Name(s) | <input type="text"/> |
| Site        | <input type="text"/> |   |                      |               |                      |
| Office      | <input type="text"/> | Division  | <input type="text"/> |               |                      |
| Unit        | <input type="text"/> |   |                      |               |                      |
| Site Number | <input type="text"/> | Classification<br><small>(e.g.TCH, LS1, DIR, ASO)</small> | <input type="text"/> |               |                      |
| Telephone   | <input type="text"/> | Email   | <input type="text"/> |               |                      |

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | Date of return             | <input type="text"/>                                      |
| <i>(If YES, please complete the following information and roster details)</i>     |                      |                            |   |
| Hours per week  | <input type="text"/> | Or                         | Fraction of time<br><small>(School Teachers only)</small> |
|   | <input type="text"/> | Period                     | <input type="text"/> to <input type="text"/>              |
|   |                      | New total - Hours Per Week | <input type="text"/>                                      |

### 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pay     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 salary payments will not automatically be reinstated upon my return until Shared Services Payroll processes this completed form.

Employee signature:

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

|                                    |                            |
|------------------------------------|----------------------------|
| <input type="text"/>               | <input type="text"/>       |
| <small>(Please print name)</small> | <small>(Signature)</small> |
| <input type="text"/>               | <input type="text"/>       |
| <small>(Position)</small>          | <small>(Date)</small>      |

### Section 6: PAYROLL USE ONLY

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

|   |   |
|---|---|
| <b style="color: red;">ENTERED BY</b><br>.....<br>/ / | <b style="color: red;">CHECKED BY</b><br>.....<br>/ / |
|---|---|

**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