



**APPLICATION FOR LEAVE – PARENTAL**  
(Leave for Maternity / Adoption / Surrogacy / Child Rearing)

**Section 1: EMPLOYEE DETAILS**

Person ID  Family Name  Given Name(s)

Location  Location Number

Job Title  Classification

Home Telephone  Work E-mail

Mobile Telephone  Home E-mail

**Section 2: LEAVE DETAILS**

**NOTE – If this leave impacts on your ability to complete Training and Development requirements for the school year, then your Principal must advise Payroll Services accordingly of the short fall submit.**

Type of Leave:  Maternity  Unpaid Maternity  Child Rearing  Adoption  Surrogacy

				Office use only	
Period of Leave (full pay)	<input type="text"/>	TO	<input type="text"/>	Working days absent	<input type="text"/>
Period of Leave (half pay)	<input type="text"/>	TO	<input type="text"/>	Working days absent	<input type="text"/>
Period of Leave (without pay)	<input type="text"/>	TO	<input type="text"/>	Working days absent	<input type="text"/>
Period of Leave (without pay)	<input type="text"/>	TO	<input type="text"/>	Working days absent	<input type="text"/>

**ADDITIONAL DETAIL REQUIREMENTS**

**Maternity/Surrogacy** Expected date of birth:  (Please attach medical certificate)

**Child Rearing** Name of child:  Date of birth:

**Adoption** Date of adoption  Is this the adoption of a child living outside of Australia? Yes  No   
(Please attach relevant documentation as outlined in user guide)

Is it intended that this leave for adoption or child rearing be shared between two parents / carers employed by the DECD? If so, please attach an additional VL157 Special Leave application. Yes  No

**I hereby authorise all salary adjustments that may result from this leave application. I understand that I must obtain written approval before undertaking any employment whilst on this leave and that failure to do so may result in formal disciplinary action.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Section 3: RECOMMENDATION - SUPERVISING OFFICER**

Please print name  Position

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Section 4: Delegate / HR Approval (Note: if corporate employee - forward to appropriate delegate Director/Executive Director)**

Please print name  Position

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Section 5: PAYROLL USE**

RR0073 Leave of Absence Completed

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## **USER GUIDE**

### **MATERNITY AND SURROGACY LEAVE**

Applicants must securely attach all appropriate medical documentation showing proof of pregnancy, expected date of birth.

### **ADOPTION LEAVE**

Applicants must securely attach either:

- A statement from Department of Human Services (DHS) as to the presumed date of placement of the child with the applicant for adoption purposes; or
- A DHS statement that the applicant is to have custody of the child pending application for an adoption order; or
- A copy of the application to the court pursuant to the Adoption of Children Act 1966 made by the applicant for the adoption of the child.

### **CHILD REARING LEAVE**

Applications must accompany documentation showing the names and evidence of the ages of the applicant's pre-school child(ren).

### **WORKING WHILE ON APPROVED LEAVE**

Under no circumstances can you work within the Department while you are on approved leave, with the exception of permanent teachers that are able to apply to work as an emergency relief teacher while on unpaid leave.

If you wish to work outside The Department while on unpaid leave then you must apply for approval prior to commencing work. To apply please complete the form – [Request to Work Outside DECD \(VL198\)](#).

Unable to work while receiving CPPL.