|  |  |
| --- | --- |
| Employee name |       |
| Position  |       |
| School/Directorate |       | Campus |       |
| Personal email  |       | Phone |       |

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| For information regarding parental leave please visit: <https://federation.edu.au/staff/working-at-feduni/human-resources/leave-and-work-life-balance/partner-and-paternity-leave> |

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| Maternity leave | I have attached a copy of the medical certificate confirming my pregnancy and the expected date of delivery.  | [ ]  Yes / No [ ]  |
| My expected date of delivery is: | Enter date |
| I plan to work beyond 34 weeks of pregnancy and will provide a certificate from my doctor indicating my capacity to work. | [ ]  Yes / No [ ]  |
| Adoption or permanent care leave | I have attached a copy of the documentation that substantiates my adoption and permanent care status | [ ]  Yes / No [ ]  |
| Foster parent leave  | I have attached a copy of the documentation that substantiates my foster parent status | [ ]  Yes / No [ ]  |

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| --- | --- | --- |
| **Leave type** | **Inclusive period (dd/mm/yyyy)** | **Number of days/weeks taken** |
| From | To |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| Choose an item | Enter date | Enter date |       |
| My expected return to work is: | Enter date |

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| **Employee**signature |  | Date  | Enter date |  |
|  |  |  |  |  |

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| **Authorising officer** |
|  |
| **Manager/Supervisor** signature |  | Date  | Enter date |  |
|  |
| Print name |       |  | [ ]  Approved [ ]  Not approved |  |
|  |