|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

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