This form is to be used by an employee for an application for leave which is not included in Employee Self-Service. The information collected on this form is required to process the application. Information regarding eligibility for leave is available on HRWeb at: <http://www.education.vic.gov.au/hrweb/Pages/default.aspx>.

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| **Privacy:** The information collected on this form is for the purpose set out and is required to process your request. Your information will not be disclosed without your consent or unless authorised or required by law. You are able to request access to the personal information that the Department holds about you and request that it be corrected by contacting your Principal/Manager. Information about contacting the People Division is available at: <http://www.education.vic.gov.au/hrweb/Pages/contactus.aspx> Information about the Department’s privacy policy is available at: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>. |

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| Employee Details | | |
| Family Name: | Given Name(s): | Employee ID: |
| Work Unit Name: | | Region/Division:  *(if applicable)* |

**Note: The employee should submit the leave application to their manager for consideration.**

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| Details of leave sought |
| Please indicate type of leave below:  COVID-19  First Peoples’ Assembly of Victoria  Other form of leave *(­­­­­­­­­­­­­­­­­­­please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  **Please set out the reason for requesting special paid leave:**  Note: Where required, attach relevant supporting documentary evidence to support the application. |

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| Period of absence |
| Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ |
| **Partial Hours** *(where an absence begins or ends part-way through the day):* |
| Start Day \_\_\_\_\_\_\_ hours absent End Day \_\_\_\_\_\_\_ hours absent |

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| Employee signature |
| Employee’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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| Manager signature |
| Application for leave: Recommended: 🞎 Not recommended: 🞎  Manager’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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| Approval |
| Application for leave: Approved: 🞎 Not approved: 🞎  Executive Director, People Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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| OFFICE USE ONLY WHERE LEAVE IS APPROVED |
| 🞎 eduPay updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ |