

- 1. This form is to be used by an employee to request an arrangement whereby leave without pay ('purchased' leave) is taken for a number of weeks (normally 4) per year with the resultant reduced annual salary (including applicable allowances) averaged over the whole year to produce a commensurate fortnightly salary (48/52). Requests to extend such arrangements must also be submitted on this form.
- 2. Before completing this form, please refer to the Part-Year Employment policy at: <a href="https://www.flinders.edu.au/content/dam/documents/staff/policies/people-culture/part-year-employ.pdf">https://www.flinders.edu.au/content/dam/documents/staff/policies/people-culture/part-year-employ.pdf</a>.

3. /	Approval of part-year appl	ications/extensions	is subject to	o operational n	eeds.					
	The completed form shoul		•	ılture for proces	ssing via Servi	ice One				
	To complete electronically		ıb" key.							
SEC	TION 1 : EMPLOYEE D	ETAILS								
Family Name:				Give	n Name:					
Cla	ssification:		App	t Fraction:		% Pay	roll No:			
Col	lege / Portfolio:		•	•						
	-									
SEC	CTION 2 : DETAILS OF	PART-YEAR EM	PLOYMENT	REQUESTE	D					
Plea	ase state the reason(s) for	or this application/	extension:	(Text box ex	pands.)					
Add	litional Purchased Leav	ve sought:*			weeks	1				
	reater or lesser than 4 w		nle & Cultu	ıre Client Serv	ices for advic	⊒ e on the	≘ imnact o	n vour entitlements		
and	salary			TO OHETH SELV	TCCS TOT AUVIC		- Impact o	n your childements		
	posed variation to take		From:			To:				
**Nc	ormally for one year, con	nmencing from firs	t pay period	d after 1 Janua	ary or 1 July					
Cor	nfirmed dates: (HRCS to	complete)	From:			To:				
OF	STION OF LEAVE DATE	0								
	CTION 3 : LEAVE DATE				- f 41 i -	-1 -641		and the same side of		
		sed annual recreation leave and additional purchased leave dates for the period of the variation must be provided:								
1.	Annual Recreation Leave - 20 working days (pro-rata for part-time staff)			Additional Purchased Leave - normally 20 working days (inclusive of public holidays)						
		(To be booked by P&C Employment Services)			(pro-rata for part-time staff)					
	(10 00 000.00 0) 1 0				•		yment Services)			
								·		
Froi	m	То		From			То			
		+		+						
				-						
		+								
				+		-				

HR/PYE (11/2022 Page 1 of 2

Ple	ase indi	cate either A or B:										
	Α	Superannuation contributions to be calculated	at reduced part-time rate									
OR												
	В											
	* You will be required to enter into an agreement to make both the employer and employee contributions applicable to the difference between your substantive salary and your reduced salary. Please contact Employee Benefits (via email: <a href="mailto:benefits@flinders.edu.au">benefits@flinders.edu.au</a> ) if you are considering this option.											
SE	CTION	5 : EMPLOYEE DECLARATION										
<ul> <li>I declare that I have read and understood the Part-Year Employment policy and procedures, and understand that if this application is approved:</li> <li>during the period confirmed in Section 2, I will be required to work at my current fraction except for the annual and additional purchased leave periods specified in Section 3;</li> <li>my salary (including applicable allowances) will be paid at the reduced rate for the whole period;</li> <li>I will take both my annual leave and additional purchased leave (specified in Section 3) during this period;</li> <li>should I wish to change the leave dates specified in Section 3, I will advise P&amp;C Client Services through my supervisor as soon as possible;</li> <li>all my leave entitlements will accrue and be paid at the reduced rate during this period;</li> <li>I will not be covered by Workers Compensation while absent from the University; and</li> <li>this completed form constitutes confirmation of a variation to my employment contract.</li> </ul>												
	Name,	Employee	Digital Signature	С	Date							
SECTION 6 : COLLEGE/PORTFOLIO ENDORSEMENT  Provide details of any impact on the staffing needs of the area and how these will be mitigated. (Text box expands.)  Additional comments? (Text box expands.)												
<ul> <li>☐ I fully endorse this request for a part-year employment arrangement</li> <li>☐ (where extension sought) I endorse an extension to the employee's part-year employment arrangement as detailed in Sections 2 and 3</li> </ul>												
	Name,	Supervisor	Digital Signature		Date							
	Name, Head of College / Division		Digital Signature	ا	Date							

SECTION 4 : SUPERANNUATION OPTIONS

HR/PYE (11/2022) Page 2 of 2