

**PARENTAL LEAVE –  
REPLACEMENT FUND –  
APPLICATION FORM**  
(P&C/PLRF)  
**effective 05/2020**

Office use only:

Date Received P&C	
Date Approved P&C	

**INSTRUCTIONS – Please read before completing this form**

- 1 This form is to be used by supervisors to apply for financial assistance from the Parental Leave Replacement Fund to assist with the cost of replacing an employee who is absent on paid Primary Carer/Adoption leave.
- 2 Financial support is normally calculated as follows: 70% of step 1 of classification of employee on leave (excluding on-costs) x appointment fraction at time of commencement of paid primary carer/adoption leave x number of weeks of paid primary carer/adoption leave.
- 3 Approval of funding will be subject to confirmation that backfill arrangements have been made to replace the employee on leave (please complete Section 2).
- 4 The completed form should be forwarded to People & Culture at [pc@flinders.edu.au](mailto:pc@flinders.edu.au)
- 5 Applications will be acknowledged and if successful, the College / Portfolio Finance Business Partner will be notified. The relevant office in Financial & Procurement Services will make the appropriate adjustment to College/Portfolio budgets on a quarterly basis.
- 6 To complete form electronically, simply tab from cell to cell.

**SECTION 1 - DETAILS OF EMPLOYEE PROCEEDING ON PAID PARENTAL/ADOPTION LEAVE**

Family Name				Given Name(s)						
College / Portfolio				Division (if relevant)						
Classification				Payroll Number						
Type of Appointment	Continuing	<input type="checkbox"/>	Convertible	<input type="checkbox"/>	Fixed-Term	<input type="checkbox"/>				
Primary Carer/Adoption Leave Booked	From:			To:						
Appointment fraction (prior to commencing leave)										%

**SECTION 2 - DETAILS OF REPLACEMENT EMPLOYEE**

Family Name				Given Name(s)						
Classification		Appt %		Payroll Number						
Employment Dates	From:			To:						
Additional information										

**SECTION 3 – SIGNATURES**

I confirm that backfill arrangements have been made as noted above:

<i>Digital Signature of Supervisor</i>	<i>Print Name</i>	<i>Date</i>
<i>Digital Signature of Head of College / Portfolio /Division as required</i>	<i>Print Name</i>	<i>Date</i>

College/Portfolio Finance Business Partner to whom notification should be sent if application successful:

Name:	Email address:
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