



PARENTAL LEAVE – RETURN TO WORK SUPPORT FUND – APPLICATION FORM (P&C/PLRWF) 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 Return to Work Support Fund to assist with the costs associated with an employee's return to work following a period of paid primary carer/adoption leave.
 - Option 1: Subsidised salary (all staff):**
 - backfill arrangement(s) must be confirmed (complete Section 2)
 - financial assistance = 70% of subsidised fraction x step 1 of employee's classification level (excluding on-costs) x 16 weeks
 - OR**
 - Option 2: Financial support (academic staff only):**
 - managed locally
 - financial assistance = 70% of amount of financial support granted to employee by responsible officer (complete Section 3)
- 2 The completed form should be forwarded to the Director, People & Culture.
- 3 If financial assistance is granted, the College / Portfolio Finance Business Partner will be notified. The relevant officer in Finance & Procurement Services will make the appropriate adjustment to College/Portfolio budgets on a quarterly basis.
- 4 To complete form electronically, simply tab from cell to cell.

SECTION 1 - DETAILS OF EMPLOYEE RETURNING FROM PARENTAL/ADOPTION LEAVE

Family Name		Given Name(s)				
College / Portfolio		Division (if relevant)				
Classification		Payroll Number				
Dates of Parental Leave	From:	To:	Date of return to work			
Appointment fraction at commencement of Parental Leave					%	
Appointment fraction on employee's return to work (i.e. actual fraction to be worked)					%	

SECTION 2 – SUBSIDISED SALARY OPTION - DETAILS OF THE BACKFILL ARRANGEMENT

Backfill arrangement(s) may be different classification, HDA, casual appointment

Family Name		Given Name		Payroll No					
Classification		Employment Type (e.g. fixed-term/casual/HDA)							
Dates of arrangement	From:	To:	Appt %		%				
Other backfill details/information <i>(attach additional page if necessary)</i>									

SECTION 3 – FINANCIAL SUPPORT OPTION (ACADEMIC STAFF ONLY)

Amount of financial support granted to the employee	\$
The employee's application for financial support is attached (please indicate)	<input type="checkbox"/>

SECTION 4 – SIGNATURES

<i>Digital Signature of Supervisor</i>	<i>Name</i>	<i>Date</i>
<i>Digital Signature of Head of College / Portfolio (or delegate)</i>	<i>Name</i>	<i>Date</i>

<i>College / Portfolio Finance Business Partner to whom notification should be sent if application successful:</i>	
Name:	Email address: