



Parental Leave Request Form

The employee uses this form to notify or update the details of any parental leave that they intend to take. For more information about parental leave, visit www.fairwork.gov.au/leave

Parish/Diocese _____ Managers Name _____

Surname _____ Given Name _____

Employee Number _____ Department _____

Please tick ☐ Full Time ☐ Part Time ☐ Casual

Important information

Maternity, Paternity and or Adoption Leave Checklist	
When	What
10 weeks prior to stopping work	Submit your parental leave request form to your Manager which includes a specified intended start and finish dates. Also your doctor's certificate.
4 weeks before returning	You must give written notice to your Manager of your exact return date.
8 weeks before returning	If you intend to return to work on reduced hours, this is subject to approval and availability and you will need to discuss this with your Manager.

Commence leave _____ Return date _____	
My leave is made up as follows:	
<input type="checkbox"/> Unpaid parental leave	Start date _____ End date _____
<input type="checkbox"/> please ✓ if you are applying for the 18 weeks Federal Government Paid Parental Leave Note: This Leave can be accessed at the same time as other Leave, but only from <u>after</u> the actual date of the birth/placement. If this is done, PAYG tax will be withheld from the total amount taxable for the relevant pay period. <i>It is recommended that employees pre register with Centrelink prior to the birth.</i>	Start date _____ End date _____

<input type="checkbox"/> Paid Annual Leave	Start date _____ End date _____
<input type="checkbox"/> Long Service Leave	Start date _____ End date _____
<input type="checkbox"/> Other Leave eg. TOIL Please specify leave type _____ _____	Start date _____ End date _____ Start date _____ End date _____
<p>Please note that any variation to the period of leave or type of leave applied for will require 14 days prior notice in writing/email to the DBO Payroll Services.</p> <p>Email payadmin@lismore.catholic.org.au</p> <p>Postal address: DBO Payroll Services P.O. Box 1, Lismore NSW 2480</p>	

To be completed by Manager	
Contracted hours per fortnight for employee	
Employee Signature	Date
Employee Contact Phone Number	
Managers name	
Managers signature	Date
(Diocesan Business Office Only) Diocesan Business Manager approval	Date