

OFFICIAL



SOUTHERN ADELAIDE LOCAL HEALTH NETWORK (M8)

APPLICATION FOR LEAVE OF ABSENCE

PLEASE FORWARD LEAVE FORM TO THE PAY OFFICE ONCE APPROVED (AS RELEVANT)

General (Medical/ Admin/ AHP/ Weekly Paid) SALHNPayrollDoc@sa.gov.au

For Nurses/Midwives NOT on ProAct manual IR2timesheets@sa.gov.au

Nursing/Midwifery/AHP on ProAct: & ONLY forward forms to Payroll for LSL, maternity, long term unpaid leave or pay in advance

EMPLOYEE DETAILS

Employee Number: 3074102	Surname: ASHWORTH	Given Name(s): Ethan James
Classification: AHP1	Contact number: 0423096882	
Division: RAP	Dept: Virtual Rehab Ward	

PLEASE NOTE:

- Applications for leave (except unplanned absences) should reach Payroll at least 21 calendar days prior to the commencement of such leave.
- Recreation leave, Retention Leave and/or Long Service Leave pay in Advance must be for a combined minimum period of 1 week.

I hereby apply for the following leave of absence -	No. of Days	Commencing	Ending	Returning to work on	CANCEL this Leave
RECREATION (ANNUAL) LEAVE FULL PAY <input type="checkbox"/> IS PAYMENT REQUIRED IN ADVANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> Shift workers should attach a roster for the period of leave	WORK DAYS	//	//	//	<input type="checkbox"/>
RETENTION LEAVE (whole days only) IS PAYMENT REQUIRED IN ADVANCE? YES <input type="checkbox"/> / NO <input type="checkbox"/> Shift workers should attach a roster for the period of leave	WORK DAYS	//	//	//	<input type="checkbox"/>
LONG SERVICE LEAVE FULL PAY <input type="checkbox"/> / HALF PAY <input type="checkbox"/> CONVERT P/TIME SERVICE TO FTE? YES <input type="checkbox"/> / NO <input type="checkbox"/> IS PAYMENT REQUIRED IN ADVANCE? YES <input type="checkbox"/> / NO <input type="checkbox"/>	CALENDAR DAYS	//	//	//	<input type="checkbox"/>
DAYS IN LIEU DAYS IN LIEU OF PUBLIC HOLIDAYS	WORK DAYS	//	//	//	<input type="checkbox"/>
SICK LEAVE/FAMILY* (excl Nurses) or PERSONAL/CARERS (Nurses only) * For Family Leave, specify reason in Comments section below MEDICAL CERTIFICATE YES <input type="checkbox"/> NO <input type="checkbox"/> Applications for sick leave in excess of 3 working days must be accompanied by a medical certificate	INDICATE HOURS &/OR WORKING DAYS	//	//	//	<input type="checkbox"/>
OTHER/SPECIAL LEAVE* WITH <input type="checkbox"/> / WITHOUT PAY <input checked="" type="checkbox"/> SPECIFY TYPE OF SPECIAL LEAVE (e.g. Bereavement, Urgent Pressing Necessity, COVID-19 etc): Outside employment	WORK DAYS 365	8/6/2024	8/6/2025	9/6/2025	<input type="checkbox"/>

* Note 1: For Special Leave With Pay, provide details (e.g. Relationship to deceased, nature of emergency requiring time off, etc in comments section below)
 Note 2: CEO/CPO, SALHN is Delegate for any period of Special Leave Without Pay for the purpose of undertaking work outside the SA Public Sector. LWOP Leave Application Form must be accompanied by Outside Employment Application.

Additional Information (if required)

		Date
EMPLOYEE SIGNATURE:		28/5/2024
LINE MANAGER: <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/> APPROVED	Name & Title Jayme Hoskin NUM	29/5/24
DELEGATE: (Where Line Manager does not have delegation to approve) <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Name & Title Emma Dubrich Director Allied Health Signature 	30/05/2024