

**HUMAN RESOURCES
PARENTAL LEAVE APPLICATION - (page 2)**

SECTION 4 - APPLICATION/NOTIFICATION AND DOCUMENTATION REQUIREMENTS
(Please refer to the [University Policy on Parental Leave](#) (including Partner Leave) for full details)

Application/Notification Requirements

Prior to commencement of leave

- This application must be submitted at least 10 weeks before the date you are intending to commence paid or unpaid parental leave.
- If adopting a child, a shorter period is acceptable if the adoption agency requires an earlier placement of the child, or for other special circumstances.

After commencement of leave

- Employees should contact their work area to confirm their return to work at least four weeks prior to returning.
- Employees may reduce or extend the period of leave advised on their original application by providing a minimum of four weeks' written notice. Please note: **only one variation to the return to work date is allowed.**

Documentation Requirements

Prior to commencement of leave

- Parental Leave Application.
- Medical confirmation of pregnancy with estimated date of birth/statement of intention to adopt with estimated date of placement.
- Witnessed Declaration confirming role as primary care giver (for paid parental leave only). Pro-forma in Section 5 below.

After birth/adoption of child

- Medical/birth certificate confirming the date of birth, or
- Appropriate documentation from the relevant adoption agency confirming the date of place.
- Certificate from a registered medical practitioner indicating fitness to resume work if you wish to return to work less than six weeks after the birth date.

SECTION 5 - PARENTAL LEAVE DECLARATION

I (full name)
do solemnly and sincerely declare that:

1. In relation to the period of parental leave sought, I will be the primary care giver and will assume the principal role for the delivery of care and attention to the child/children. Any assistance utilised in this respect will only be for short periods or to supplement my role as the principal provider of care and attention to the child/children.
2. My partner will be engaged in full-time paid employment, full-time study or other approved verifiable activities during the period of parental leave I have sought, and will not be providing care to the child/children during the hours that I would otherwise regularly work at the University.
3. My partner—
 - will not be accessing any paid parental leave in respect of birth or adoption of this child.
 - will be accessing weeks paid parental leave in respect of birth or adoption of this child.
4. I would like to apply to commence parental leave earlier than 6 weeks prior to the expected date of birth on medical/compassionate grounds.**

Signature of Employee

Date (dd/mm/yy)

Name of Supervisor

Signature of Supervisor

Date (dd/mm/yy)

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SECTION 6 - EMPLOYEE'S LEAVE DECLARATION AND SIGNATURE

Declaration :

- I confirm that I have read and understand the terms and conditions contained in the UWA Parental Leave Policy.
- I confirm that I understand that only one variation (either reduction or extension) to this leave is permitted.*
- I confirm that I have attached medical confirmation of pregnancy with estimated date of birth**
(or statement of intention to adopt with estimated date of placement) **to this application.**
- I confirm that information given on this form is true at the time of completion. I am aware that supplying false or misleading information may lead to disciplinary action.

Employee signature

Date (dd/mm/yy)

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Employee name (please print)

* Restriction is codified in [policy](#).

** Application will need to be made to Director, HR as per [policy](#). Please attach evidence.

SECTION 7 - PARENTAL LEAVE APPROVAL (APPROVED DELEGATE)

Signature of Approved Delegate (Band 5b minimum, eg School Manager - see HR Delegations)

Date (dd/mm/yy)

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Name (please print)

Telephone

