



**HUMAN RESOURCES
EMPLOYEE FUNDED ADDITIONAL LEAVE AGREEMENT**

Please complete all sections of this agreement and submit for authorisation with the [Staff Leave Application Form](#) advising periods of employee funded additional leave.

SECTION 1 - PERSONAL DETAILS

Employee number Family name

First names

School/Admin dept. Ext.No.

Appointment details Ongoing/tenured/tenurable Fixed-term – specify end date (dd/mm/yy)

Are you applying for Purchased Leave (go to Section 2) Deferred Salary Scheme (go to Section 3)

SECTION 2 - PURCHASED LEAVE OPTIONS (please tick applicable scheme which is paid over 52 weeks)

Number of Paid Weeks	Start Date	Number of Weeks Purchased Leave	% of Full Time Salary
<input type="checkbox"/> 44 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8 weeks	84.6154
<input type="checkbox"/> 45 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7 weeks	86.5385
<input type="checkbox"/> 46 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6 weeks	88.4615
<input type="checkbox"/> 47 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5 weeks	90.3846
<input type="checkbox"/> 48 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4 weeks	92.3077
<input type="checkbox"/> 49 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3 weeks	94.2308
<input type="checkbox"/> 50 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 weeks	96.1538
<input type="checkbox"/> 51 weeks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 week	98.0769

SECTION 3 - DEFERRED SALARY SCHEME OPTION (please tick appropriate scheme)

Option	From (dd/mm/yy)	To (dd/mm/yy)	Leave Obtained
<input type="checkbox"/> 2 yrs service @ 80% of salary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6 mnths @ 80% of salary
<input type="checkbox"/> 4 yrs service @ 80% of salary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 yr @ 80% of salary
<input type="checkbox"/> 4.5 yrs service @ 90% of salary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6 mnths @ 90% of salary

SECTION 4 - CONDITIONS

General Conditions

- Superannuation contributions will be based on your reduced salary. If you wish to maintain superannuation contributions at a notional full-time rate you are responsible for making the necessary arrangements of and for maintaining both the notional full-time rate for yourself and the employer contribution.
- **Retrospective applications** for Purchased Leave or Deferred Salary Scheme are **not allowed**.
- Sick leave or any other paid leave taken during the period of Employee Funded Additional Leave will be paid at the reduced rate.
- At the end of your Employee Funded Additional Leave period, you return to your previous salary and leave entitlements.
- Withdrawal from these schemes, prior to completing the required period, must be in writing advising effective end date.

Purchased Leave

- Changes to FTE (ie regular hours) should be managed through a reduction in FTE and not through purchased leave.
- Purchased Leave arrangements will start from the beginning of the pay fortnight (i.e. Monday) and all purchased leave must be cleared within a period of 12 months.
- A new purchased leave arrangement must be entered into for each new application to purchased leave.

Deferred Salary Scheme

- There is not an entitlement to an equivalent period of leave for the period worked.

SECTION 5 - SIGNATURES

Declaration

- I understand that it is my responsibility to inform myself of all implications (such as Superannuation) of Employee Funded Additional Leave before entering into such arrangement; and
- I confirm I have less than 4 weeks accrued Annual Recreational Leave; and
- I confirm I have less than 13 weeks Long Service Leave; and
- I confirm I have at least 12 months remaining on my current contract; and
- I understand it is my responsibility to seek independent advice regarding the implications of Employee Funded Additional Leave; and
- I understand I am required to notify Human Resources, my supervisor and Approved Delegate of my intention to withdraw from an Employee Funded Additional Leave Scheme.

Employee signature (please print)

Date (dd/mm/yy)

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Employee name (please print)

Signature of Employee Supervisor

Date (dd/mm/yy)

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Ext.

Name of Employee Supervisor (please print)

Signature of Approved Delegate (Head of School, Director 5a)

Date (dd/mm/yy)

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Ext.

Name of Approved Delegate (please print)

**HUMAN RESOURCES
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UWA STAFF LEAVE PLAN

Employee number

First names

Family name

School/Admin dept.

Ext. No.

Leave Balances as at (dd/mm/yy)

Leave Type	Total (hours/days)
Annual Recreation Leave balance*	
Accessible Pro-rata Long Service Leave balance (if eligible)	
Accessible Accrued Long Service Leave balance	
Purchased Leave balance*	
Deferred Salary Scheme balance	
TOIL*/Flexi balance	
Total Leave balance	

LEAVE PLAN

Leave Type	From (dd/mm/yy)	To (dd/mm/yy)	Subtotal (hours/days)
Total leave to be taken			
Total leave remaining at completion of agreed leave plan			

Submit the completed form to your Supervisor for approval and to Human Resources with your application.

Leave marked with an asterisk (*) is to be booked by the staff member through Employee Self Service. All other leave is to be submitted to Human Resources on a Staff Leave Application Form.

Employee signature (please print)

Date (dd/mm/yy)

Employee name (please print)

Signature of Employee Supervisor

Date (dd/mm/yy)

Ext.

Name of Employee Supervisor (please print)

Signature of Approved Delegate (Head of School, Director 5a)

Date (dd/mm/yy)

Ext.

Name of Approved Delegate (please print)