



**HUMAN RESOURCES
PURCHASED LEAVE AGREEMENT - CHILDCARE ONLY**

Formally known as Conversion to 50/52 Employment under the Childcare Enterprise Bargaining Agreement (clause 14.2).

SECTION 1 - PERSONAL DETAILS

Employee number Ext.No.

First names Family name

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

Full time equivalent (FTE)

SECTION 2 - CONDITIONS

<u>Number of Paid Weeks</u>	<u>Start Date</u>	<u>Number of Weeks Purchased Leave</u>	<u>% of Full Time Salary</u>
<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

The Employee Funded Additional Leave arrangement must start from the beginning of the pay fortnight (i.e. Monday)

- 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 for maintaining both the notional full-time rate for yourself and the employer contribution.
- **Retrospective applications** for Employee Funded Leave will not be approved.
- Employee Funded Leave must be cleared within the 12 month agreement period.
- Sick leave or any other paid leave taken during the period of Employee Funded Leave will be paid at the reduced rate.
- At the end of the Employee Funded Leave period, you return to your previous salary and leave entitlements.
- Withdrawal from the scheme prior to completing the required period, must be in writing advising effective end date.
- Changes to FTE (ie regular hours) should be managed through a reduction in FTE and not through Employee Funded Leave.
- A new arrangement must be entered into for each new application to Employee Funded Additional Leave.

SECTION 3 - SIGNATURES

Declaration

- I understand that it is my responsibility to keep myself informed of all implications (such as Superannuation contributions) 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)

Employee name (please print)

Signature of Approved Delegate (Director 5a)

Date (dd/mm/yy)

Ext.

Name of Approved Delegate (please print)