



**HUMAN RESOURCES
EMPLOYEE FUNDED EXTRA LEAVE
PURCHASED LEAVE AGREEMENT — GENERAL STAFF ONLY**

Please complete all sections of this agreement and submit for authorisation with the Staff Leave form advising periods of purchased leave.

SECTION 1 - PERSONAL DETAILS

Employee number

First names Family name

School/Admin dept. Ext. No.

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

<u>Number of Paid Weeks</u>	<u>Date Effective From</u>	<u>Number of Weeks Purchased Leave</u>	<u>% of Full Time Salary</u>
<input type="checkbox"/> 46 weeks	<input type="text"/>	6 weeks	88.4615
<input type="checkbox"/> 47 weeks	<input type="text"/>	5 weeks	90.3846
<input type="checkbox"/> 48 weeks	<input type="text"/>	4 weeks	92.3077
<input type="checkbox"/> 49 weeks	<input type="text"/>	3 weeks	94.2308
<input type="checkbox"/> 50 weeks	<input type="text"/>	2 weeks	96.1538
<input type="checkbox"/> 51 weeks	<input type="text"/>	1 weeks	98.0769

SECTION 3 - CONDITIONS

Participation is for a period of 12 months (preferably commencing at the beginning of a calendar year) and must be re-negotiated prior to commencing a further 12 month period.

If you do not continue with the purchased leave arrangement beyond the end of the 12 month period you return to your previous salary and leave entitlements.

Sick leave or any other paid leave taken during the period of Purchased Leave will be paid at the reduced rate.

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.

To receive a reimbursement for purchased leave not taken you must notify HR Services, in writing, of the period you have been unable to clear, otherwise it will be deemed that you have taken the leave in accordance with the leave plan submitted on the Staff Leave form.

SECTION 4 - SIGNATURES

Employee signature *(please print)* Date *(dd/mm/yy)*

Employee name *(please print)*

Signature of Approved Delegate Date *(dd/mm/yy)* Ext.

Name of Approved Delegate *(please print)* Ext.