



Reset form

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# Leave Application

Privacy notice: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

Payment of Salary and Wages and Payroll Deduction HR Policy C13 only enables payroll forms older than 3 months to be accepted by Payroll Transactional Services where exceptional circumstances exist. An approved [Validation of claims older than three months form](#) must be provided in addition to this form if this claim is older than three months from the effective date.

This form is only to be used where an approved myHR exception or user exemption exists, or as advised by Payroll Transactional Services. Use this form to apply for a variety of leave types by completing the relevant sections below and attaching supporting documentation where applicable. Applications for Parental Leave (incl. recreation, long service and leave without pay) must be made on the [Parental leave application form](#). For specific information about eligibility and entitlements to various leave types, refer to the relevant HR Policy. If applying for pay in advance please complete the [payment in advance leave form](#).

## Employee details

Person ID <input type="text"/>	Personnel assignment number <input type="text"/>	Please indicate (tick) here if you work in more than one position in Queensland Health. <input type="checkbox"/>	
Family name <input type="text"/>	First name/s <input type="text"/>		
Position title <input type="text"/>	Area code <input type="text"/>	Contact telephone number <input type="text"/>	
Organisational unit number <input type="text"/>	Organisational unit name <input type="text"/>	Facility <input type="text"/>	

## Leave details

**Note: Always use the 'Other leave' category on the leave request for any leave related to COVID-19. For more information, search 'COVID-19' on QHEPS to access the dedicated staff page.**

	No. of hours (hh:mm)	Dates of leave		In lieu of		Half pay leave
		First date of leave	Last date of leave	Sick leave	Carer's leave	
Annual/Recreation leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If an entitlement exists under your award conditions for the payment of your projected roster, indicate (tick) here to confirm that a copy of your roster for the relevant period of leave accompanies this application. <input type="checkbox"/>						
Long service leave (Minimum one (1) week at half pay)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	Where the absence relates to a WorkCover Claim please complete the <a href="#">Workcover Leave Application</a>		
Carer's leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship to self: <input type="text"/>		
Bereavement leave	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please specify: <input type="text"/>		
Other leave (e.g. Prenatal, conference, exam, and leave without pay)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please specify: <input type="text"/>		
List here the dates of any ADOs/RDOs being taken in conjunction with this period of leave:	<input type="text"/>					

Please indicate the date you return to work  Please note this is to be what is reflected on your roster, i.e. if last day of leave is taken as flex/toil please show this as the date you return to work.

Indicate (tick) here if a period of higher duties immediately precedes this period of leave

Cancellation of leave (Record here any pre-approved period of leave)    Type of leave:

Indicate (tick) here if you have voluntarily reverted to a lower classification. (Please refer to [HR Policy Long Service Leave C38 - Voluntary reversion to a lower classification clause](#))

## Employee signature and certification

Where I hold a concurrent employment arrangement (i.e. multiple positions simultaneously) and insufficient leave has been accrued in this position (as identified above) to cover the period of leave requested, I authorise the transfer\* of available leave of the same type from my other engagement(s) sufficient to cover this period.

\*Conditions apply - please refer to [Aggregate and Concurrent Employment HR Policy C47](#)

Employee's signature <input type="text"/>	Date <input type="text"/>
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## Supervisor endorsement

Supervisor's signature <input type="text"/>	Date <input type="text"/>	Area code <input type="text"/>	Supervisor's contact number <input type="text"/>
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## Delegate approval (mandatory completion required)

Delegate's signature <input type="text"/>	Date <input type="text"/>	Area code <input type="text"/>	Delegate's contact number <input type="text"/>
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\*By approving this form, I accept responsibility for the sighting and retention of medical certification to support claims for any absences (as required) and that the above claim(s) is/are approved in compliance with relevant legislation, awards, industrial agreements and agency policies and that where required, supporting documentation has been attached. Further, I certify that any claims for overtime have been pre-approved by the relevant employee's supervisor.

Delegate's full name (please print) <input type="text"/>	Delegate's position title <input type="text"/>
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Please submit completed form to Payroll Transactional Services via myHR.