



APPENDIX 1: PURCHASED LEAVE GUIDELINES

PURCHASED LEAVE APPLICATION FORM

Employee to complete	<p style="text-align: center;">Applies to employees covered by:</p> <ul style="list-style-type: none"> • The Public Service General Agreement 2002; • The Government Officer Salaries, Allowances Conditions General Agreement 2002; • The Engineering and Building Services Agreements 2002; • The Hospital Salaried Officers Enterprise Agreements 2001; • The Medical Practitioners AMA Industrial Agreements 2002; • The WA Government Health Services (Australian Liquor, Hospitality and Miscellaneous Workers Union) Agreement 2002. <p>Eligibility: Permanent full time and part time employees and fixed term contract employees with a contract of 3 months or greater duration may apply. Casual employees are not eligible to participate.</p>	
	<p>Surname: Other Names:</p> <p>Directorate: Employee Payroll Number:.....</p>	
	<p>PURCHASED LEAVE OPTIONS (Please tick appropriate box)</p>	
	<input type="checkbox"/> to purchase 4 weeks over 12 months <input type="checkbox"/> to purchase 3 weeks over 12 months <input type="checkbox"/> to purchase 2 weeks over 12 months <input type="checkbox"/> to purchase 1 week over 12 months <input type="checkbox"/> to purchase 3 weeks over 9 months	<input type="checkbox"/> to purchase 2 weeks over 9 months <input type="checkbox"/> to purchase 1 week over 9 months <input type="checkbox"/> to purchase 2 weeks over 6 months <input type="checkbox"/> to purchase 1 week over 6 months <input type="checkbox"/> to purchase 1 week over 3 months
<p>I hereby apply to participate in the Purchased Leave Arrangement. I have read, understood and agreed to the terms and conditions of this Arrangement that are set out in the Department of Health's Purchased Leave Policy and Guidelines. By signing this form I agree to consent to recovery of any overpayment of salary or adjustment to leave entitlements and allowances if required.</p> <p>I understand that my participation in the Arrangement will commence from the earliest practicable pay period after this form is approved and submitted to the payroll area.</p> <p>Note: Public servants this arrangement operates between 1 January and 31 December each year with quarterly commencement dates.</p> <p>I understand that I may withdraw from the arrangement at any time.</p> <p>Applicant's Signature:..... Date:/...../.....</p>		
Delegated Authority Approval	<p style="text-align: right;">*This form should be forwarded to Human Resources whether approved or not.</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Reason for non-approval (if applicable):</p> <p>.....</p> <p>.....</p> <p>Name: Title:</p> <p>Signature: Date:</p>	
Human Resources	<p><input type="checkbox"/> PL Worksheet Completed PL Commencement Date:</p> <p><input type="checkbox"/> Employee notified of commencement date</p> <p>Signature..... Date.....</p>	