## **Application to Access the Pool of Donated Leave**

**PERSONAL LEAVE SHARING SCHEME** 



Please complete this form and speak to your Principal seeking their endorsement. **Principals**, please forward the endorsed application to the Director of People & Culture for presentation to the Committee.

SECTION 1 - PERSONAL DETAILS		
EMPLOYEE NUMBER (if known)		
PRIMARY WORK LOCATION		
DATE		
Temporary Contract		
SECTION 2 - APPLICATION DETAILS		
he Personal Leave Sharing Scheme's pool of donated leave:		
hours		
Note: The maximum number of hours that an employee can access is 76 hours (10 days) per calendar year.		
CECTION 2. EMPLOYEE ACKNOWLEDGEMENT		
SECTION 3 - EMPLOYEE ACKNOWLEDGEMENT		
I have exhausted all my available and accrued leave balances (personal, annual, and long service leave)		
I understand that the Scheme is intended for use either for significant personal illness, serious ill health of an immediate family member, accident, or unforeseen and serious circumstances		
MY REASONS FOR APPLYING TO THE POOL FOR ADDITIONAL LEAVE ARE AS FOLLOWS:		

## APPLICATION TO ACCESS THE POOL OF DONATED LEAVE Personal Leave Sharing Scheme



SECTION 4 - SIGNATURES	
EMPLOYEE SIGNATURE	PRINCIPAL SIGNATURE
DATE	
	ree to make a recommendation to the CEO for approval rmination of your application and reply to you within 7 Principal for endorsement.
Your Principal will forward the application to the Direct central.peopleculture@spcc.nsw.edu.au for submiss	or of People and Culture at sion to the committee.
ANY ADDITIONAL SPACE REQUIRED FOR NOTES / RESPONSES	5.