

Long Service Leave Procedures



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Procedures for application for Long Service Leave

Leave of up to 4 weeks:

Employees wishing to apply for LSL for periods of up to 4 weeks must submit their request to the ECKA Operations Manager on the attached form. Where possible, applications must be submitted at least 6 weeks* before the required leave would commence.

Leave in excess of 4 weeks:

Employees wishing to apply for LSL must submit their request to the ECKA CEO on the attached form. Where possible, applications must be submitted at least two months* before the required leave would commence.

**It is acknowledged that some circumstances may not allow provision of the required notice. This will be taken into account when assessing the application.*

Procedures for approval of Long Service Leave

Leave of up to 4 weeks:

The ECKA Operations Manager will determine if the leave will be granted after taking into account such matters as ability to find a replacement staff member, impact on the kindergarten program, budget impact, nature of the reason for leave, and any other information deemed relevant.

The ECKA Operations Manager will advise the employee of the approval or denial of the leave in writing as soon as possible, and within 3 business days of the receipt of the written request.

Leave in excess of 4 weeks:

The ECKA CEO will determine if the leave will be granted after taking into account such matters as ability to find a replacement staff member, impact on the kindergarten program, budget impact, nature of the reason for leave, and any other information deemed relevant.

The ECKA CEO will advise the employee of the approval or denial of the leave in writing as soon as possible, and within 1 week of the receipt of the written request.

Note: - All Long Service Leave applications will be managed in accordance with relevant Award conditions and current Long Service Leave Legislation.



Long Service Leave Request Form



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Employee's details

First name:		Surname:	
Name of Service/s Leave required from:			

Period of Leave

First day of LSL (date)		Last day of LSL (date)	
Date of return to work			

Signature of Employee		Date	
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Approval of Request - Office Use Only

Date Request Received:		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
LSL Balance Checked	Yes / No	Relief cover arranged	Yes / No

Approved by (name):			
Signature:		Date:	

Date Employee Advised:		Details recorded in Payroll book for processing	Yes / No
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Completed form to be placed on Employee File

