

Leave Without Pay

Guidelines and Procedures



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Overview

Leave Without Pay may be an option for staff when all other leave options have been exhausted. It is granted by the employer (ECKA), with each application considered on its merits.

Leave Without Pay will not normally be granted for longer than 12 months, however exceptional circumstances may be considered.

Conditions under which Leave Without Pay may be granted:

Examples of circumstances when leave without pay may be granted:

- To take a limited term position with another early childhood education employer (where the experience would be deemed to be of benefit to the employee and ECKA)
- To undertake further study (where the expected qualification would be deemed to be of benefit to the employee and ECKA)
- To accompany a partner on extended leave or similar
- To care for personal matters, such as care of a family member in cases of illness, accident or bereavement
- To extend sick leave where sick leave credits have been exhausted

Who will approve Leave Without Pay

Leave for less than 4 weeks (20 working days) will be approved by the ECKA HR Manager

Leave in excess of 4 weeks (20 working days) will be approved by the ECKA Operations Manager.

Procedures for application for Leave Without Pay

Leave of up to 4 weeks:

Employees wishing to apply for leave without pay must submit their request to the ECKA HR Manager on the attached form. Where possible, applications must be submitted at least **one month*** before the required leave would commence.

Leave in excess of 4 weeks:

Employees wishing to apply for leave without pay must submit their request to the ECKA Operations Manager 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 Leave without Pay

Leave of up to 4 weeks:

The ECKA HR 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.





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The ECKA HR 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 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 2 weeks of the receipt of the written request.

Accrual of Leave entitlements while on Leave Without Pay

Periods of leave of 4 weeks or less in one year will not affect the accrual of normal long service leave, annual leave, or sick leave, or increment dates.

Periods of greater than 4 weeks will not be counted as service for the purpose of accruing long service leave, recreational leave or sick leave. Increment dates will also be affected.



Leave Without Pay Application



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Employee's details

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

Period of Leave

First day of LWOP (date)		Last day of LWOP (date)	
Date of return to work			
Reason for leave			

Signature of Employee		Date	
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Do you have a suggestion or have you had discussions with a colleague or Service Leader who can cover your shifts while you are absent? If so please write their name here:
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Approval of Request - Office Use Only

Date Request Received:		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Relief cover required	Yes / No	If yes – has the relief cover been organized?	Yes / No
Reliever Name:		IMS Updated:	Yes / No
Leave Cover Spread Sheet completed:	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

