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| **LOGO** | RMO Parental Leave Application Form | **OFFICE USE ONLY**  **Deadline for Response to RMO** |
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| /Users/Steve/Downloads/Icons-02.png | Submit this signed form to the RMO Support Unit in hard copy form or via email. Contact details are located on the District intranet. | Having trouble completing this form?  Contact the RMO Support Unit | /Users/Steve/Downloads/Icons-01.png |

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| about this form | | | | | | |
| **Who should use this form?** Employees who are STONZ members wishing to apply for Parental Leave or Partner’s Leave.  **What is this form for?** This form gives notice to your Manager of your plans to take Parental Leave in accordance with the [STONZ CA](https://tas.health.nz/assets/ER/Employment-Agreements/2022-02-15-STONZ-MECA-2021-2023.pdf) and the Parental Leave and Employment Protection Act 1987. | | | | | | |
| You should read the following before completing this form to ensure you understand your parental leave entitlements under the STONZ CA. You can click on the item to access this on the District intranet:   * [Clause 28.0 Parental Leave of the STONZ CA](https://tas.health.nz/assets/ER/Employment-Agreements/2022-02-15-STONZ-MECA-2021-2023.pdf) * [Clause 28 Parental Leave of the Health NZ & STONZ National Manual](https://tas.health.nz/employment-and-capability-building/employment-relations/stonz-national-manual/) | | | | | | |
| about you | | | | | | |
| **Full Name** | |  | | | | |
| **Position**  **(e.g. House Officer, Registrar, Fellow)** | |  | Employee Number | |  | |
| **Department / Run**  **(at time of leave)** | |  | | | | |
| **Date of last day at work** | |  | | | | |
| (before you commence parental leave or annual leave) | | | | | | |
| **Start date of Parental leave** | |  | | | | |
| Annual Leave Please refer to the employer’s policy / employee Guide on Parental Leave for full details of annual leave arrangements during Parental Leave. If you wish to apply for annual leave before commencing your parental leave you will need to submit a separate leave request through the usual District process. | | | | | | |
| Parental Leave | | | | | | |
| **Type** | **Eligibility**  (Dependent on length of service. See the Health NZ & STONZ National Manual for detail on Parental leave entitlements for the STONZ CA) | | | **Number of Weeks Requested** | | **Return Date** |
| Primary carer leave + extended leave | Up to 52 weeks, to be started no earlier than 6 weeks before baby’s due date | | |  | |  |
| Primary carer leave only | Up to 26 weeks, to be started no earlier than 6 weeks before baby’s due date  (if you plan to return to work after your Paid Parental Leave payments are finished) | | |  | |  |
| Extended leave only | Up to 26 weeks (may be used by partner) | | |  | |  |
| Partner’s Leave  (Paternity leave) | **Up to 2 weeks paid leave**  (there are restrictions on when the leave can be taken and it can be in two separate one week blocks)  **Up to 2 weeks unpaid leave**  (Statutory entitlement in addition to the 2 weeks paid partners leave under the STONZ CA) | | |  | |  |

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| 14 WEEK FULL SALARY TOP UP PAYMENT PRIMARY CARE GIVER ONLY Where an employee takes parental leave under this clause, meets the eligibility criteria in 28.1.1 of the STONZ CA (i.e. they assume or intend to assume the primary care of the child), and is in receipt of the statutory paid parental leave payment in accordance with the provisions of the Parental Leave and Employment Protection Act 1987 the employer shall pay the employee the difference between the weekly statutory payment and the equivalent weekly value of the employee’s base salary (pro rata if less than full-time) for a period of up to 14 weeks.  The payments shall start at the commencement of the parental leave and shall be calculated at the ordinary rate (pro rata if appropriate) applicable to the employee immediately prior to commencement of parental leave. Except where an employee, on medical advice and with the consent of the employer, elects to work reduced hours at any time prior to the taking of leave, then the calculation of payment for the parental leave shall be based on the proportion of full-time employment immediately prior to any such enforced reduction in hours.  The payment shall be made only in respect of the period for which the employee is on parental leave and in receipt of the statutory payment if this is less than 14 weeks. | | | | | |
| about your partner / spouse Please complete if your partner/spouse is also taking leave (excluding partner’s leave) for the child under the Parental Leave and Employment Protection Act 1987. We may contact their employer to ensure total leave does not exceed your shared entitlement. | | | | | |
| Full Name |  | | | | |
| Employer name |  | | | | |
| Employer address |  | | | | |
|  | | | | |
| Employer business phone |  | | | | |
| Parental Leave requested by Spouse | | | | | |
| **Type** | | **Eligibility**  (See the Health NZ & STONZ National Manual on Parental leave entitlements for STONZ CA) | | **Weeks Requested** | |
| Primary carer leave only | | Up to 26 weeks | |  | |
| Primary carer leave + extended leave | | Up to 52 weeks | |  | |
| Extended leave only | | Up to 26 weeks | |  | |
| your signature  * I confirm that all leave being taken by myself and my spouse/partner under the Act will not exceed a combined leave period of 52 weeks (excluding partner’s leave), and * I have completed my application for Paid Parental Leave via [myIR](https://services.ird.govt.nz/irsso/login.jsp?bmctx=03C9FEB3B5F530568C6E02791E0ED43431B0ECA248EEDCEF976770434C8ED750&password=secure_string&contextType=external&OverrideRetryLimit=0&maintenance=false&ssoCookie=Secure&username=string&challenge_url=https%3A%2F%2Fservices.ird.govt.nz%2Firsso%2Flogin.jsp&request_id=-1499053544684918948&authn_try_count=0&locale=en_NZ&resource_url=https%253A%252F%252Fmyir.ird.govt.nz%252Feservices%252Fsecure%252F*) * I have completed my application for Paid Parental Leave Transfer via [myIR](https://services.ird.govt.nz/irsso/login.jsp?bmctx=03C9FEB3B5F530568C6E02791E0ED43431B0ECA248EEDCEF976770434C8ED750&password=secure_string&contextType=external&OverrideRetryLimit=0&maintenance=false&ssoCookie=Secure&username=string&challenge_url=https%3A%2F%2Fservices.ird.govt.nz%2Firsso%2Flogin.jsp&request_id=-1499053544684918948&authn_try_count=0&locale=en_NZ&resource_url=https%253A%252F%252Fmyir.ird.govt.nz%252Feservices%252Fsecure%252F*) (if sharing your Government funded paid leave with your partner) * I consent to the employer contacting my spouse’s employer if you need to check their leave, and * I have attached:   + A confirmation letter from my doctor or midwife stating my baby’s due date OR a letter from my partner confirming that I will assume care for the child she is going to have OR a confirmation letter that I will be assuming permanent primary responsibility for the care, development and upbringing of a child under 6 years (Not required for partner’s leave)   + I am the primary carer and will be receiving the parental leave payments provided for in the Parental Leave and Employment Protection Act. I will provide a copy of the letter from the IRD confirming the dates I will receive the statutory payments once this is received. I am aware that eligibility for the full salary top up payments cannot be confirmed without this paperwork and approval will not be processed. | | | | | |
| Signature: | | | | | Date: |
| manager’s signature | | | | | |
| I confirm that I have discussed these arrangements with my employee. | | | | | Date: |
| Name: | | | Signature: | | Approved / Declined |
| RMO SUPPORT | | | | | |