

[Employing Agency]

Application to Participate in the Purchased Leave Scheme (PLS)

Please forward completed form to:

[Agency]

Human Resource Management

[Contact]

[Address]

Given Name: Surname:	Employee Details		
Surname:	Given Name:		
	Surname:		
State Service Details			
Position Title: Employee No:	Position Title:		Employee No:
Division: Branch:	Division:	Branch:	

Employee Declaration:

I elect to participate in the PLS and understand that:

- The PLS will operate from the first full pay periods on or after 1 July 2012 until 30 June 2013;
- While participating in the PLS I will be paid a reduced salary rate known as a 'PLS salary rate' as specified in the Public Sector Unions Wages Agreement (PSUWA) 2012 to have 10 additional days of leave;
- All leave, including SSALS, recreation, personal, long service, parental leave and other forms of paid leave according to the Tasmanian State Service Award (TSSA) and the Health and Human Services (Tasmanian State Service) Award (HaHSA) and the Miscellaneous Workers (Public Sector) Award will be paid at the PLS salary rate;
- It is my responsibility to seek advice on the effects of joining the PLS on my superannuation, taxation, social welfare eligibility, income protection insurance and associated matters;
- Purchased leave will be managed and taken in the same manner as recreation/annual leave according to the relevant award;
- In normal circumstances the purchased leave will be taken within the 12 month period of the scheme:
- My manager/supervisor and I will develop a leave management plan to manage the current and expected accrual of my purchased leave, recreation leave and long service leave for the next 12 months;

- I may withdraw from participating in the PLS by giving the employer at least 2 weeks' notice from the start of my next full pay period and I may not be able to recommence participation until 12 months after the date of withdrawal; and
- If I withdraw from the PLS prior to 30 June 2013 I will take the purchased leave accrued to the date of withdrawal as soon as practicable by agreement with my manager/supervisor.

Employee Signature:	ree Signature:				
Manager/Supervisor Declaration:					
Would the payment of overtime be required to replace this employurchased leave? (if unsure, please refer to Q13 of the FAQs)	n	YES / NO			
Have you and the employee agreed on a leave plan to manage their current and expected accrual of purchased leave, recreation leave and long service leave for the next 12 months			YES / NO		
Please Note: You are required to notify HRM of the cost of replacing this employee while on any period of purchased leave.					
Manager/Supervisor Signature:					
Election to Participate in PLS Approved:	YES / NO				
Signature of Authorised Delegate:		Date:			