

# ELECTION TO PARTICIPATE IN A PLAN UNDER THE STATE SERVICE ACCUMULATED LEAVE SCHEME (“SSALS”)

Approval of an election depends on Agency requirements and no election is effective unless it is approved by the Head of Agency.

<b>Employee details</b>	Family Name / Surname	Given Name / Preferred Name
	Date of Birth Day / Month / Year	Gender Male / Female

<b>Postal Address</b>	No Street	Suburb / Town / Postcode
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<b>State Service Details</b>	Position Title	Position no
	Agency	Location
	Award / Classification	Permanent YES / NO

<b>Proposed SSALS</b>	Total length of scheme	Date of commencement	Date of completion
	Work period	Date of commencement	Date of completion
	Period of extended leave	Date of commencement	Date of completion

Reason for election

Have you previously entered into a State Service Accumulated Leave Scheme? YES / NO

*If YES, please give details on a separate sheet of paper*

By electing to participate in a plan under the SSALS I acknowledge that I have made prudent enquiries about the SSALS and I understand its operation and its effect on all aspects of my employment

**SIGNATURE OF ELECTING EMPLOYEE**

**DATE**

**ELECTION TO PARTICIPATE APPROVED**

**YES / NO**

**SIGNATURE OF HEAD of AGENCY**

**DATE**