

CASH OUT ANNUAL LEAVE APPLICATION FORM – PROFESSIONAL STAFF

I, **NAME:** _____, **POSITION:** _____
and **EMPLOYEE NUMBER:** _____ wish to cash out _____ hours annual
leave in accordance with Clause 4.1.4 of the *Macquarie University Enterprise Agreement (2010)*.

My annual leave balance after the above annual leave is cashed out will be _____ hours.

I understand and agree that:

- i. I am only able to cash out annual leave once in the life of the above Agreement.
- ii. The balance of my annual leave will be greater than 4 weeks once the above annual leave is cashed out.
- iii. I agree to take a minimum of 70 hours (2 weeks) annual leave within 6 months of the approval date of this application.
- iv. I have booked the leave referred to in (iii), commencing on: ___ / ___ / ___ (date).
- v. The cashed out leave will be paid at the same gross amount that would have been payable if I had taken the leave.
- vi. It is my responsibility to seek appropriate financial, taxation and superannuation advice related to any impacts arising from my application to cash out annual leave.

The payment of the cashed out annual leave will be processed in the first full pay period after this form has been received by Human Resources.

Applicant's Signature: _____ **Date:** ___ / ___ / ___

Approval Signature: _____ **Date:** ___ / ___ / ___
Head of Faculty/Office

HR USE ONLY:

Processed/Entered _____(inits) Date: ___ / ___ / ___ Checked _____(inits) Date: ___ / ___ / ___