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## Digital, Data and Technology Solutions

**Shared Services**

**Procurement ACT**

**ACT Property Group**

**ACT Insurance Authority**

**Infrastructure Finance & Reform**

 

[Home](#) / [My requests](#) / [Apply for Leave](#) / [View](#)

RITM3537115

Item	Opened
<input type="text" value="Apply for Leave"/>	<input type="text" value="30/08/2022 15:45:40"/>
Opened by	Opened for
<input type="text" value="Robert Schmidli"/>	<input type="text" value="Robert Schmidli"/>

**Details**

### Your Details

\* Employee name

Directorate

I want to request this for an employee who is not available in the drop-down list.

\* Email address (while on leave) ?

Shared Services will use this email address to send any correspondence to you, if required. ✕

\* AGS number / Staff number (if known) ?

Supplying your AGS or Staff number, if known, will help Shared Services identify relevant records, and complete your request more efficiently. ✕

\* I currently have an active compensation claim ?

For your privacy, please let Shared Services know whether you currently have your pay and conditions managed by the compensation pay team. ✕

\* I'm currently employed on an executive contract or as a board member

### Type of Leave

\* What type of leave do you want to take?

\* Other leave

Are you currently salary packaging? ?

This will ensure that all relevant areas within Shared Services are aware of this request. ✕

### Leave Reason for Manager/Delegate

Leave reason ?

Use this space to advise your manager and/or leave delegate of the reason you are requesting leave. ✕

LSA Clinical Weekend, LSA-3RD-APRIL-2022 MEETING

Please attach any supporting documentation (where required) at the end of this form.

### Payment

Rostered and Part-time employees: Each payment option includes an optional Hours and Minutes field. You can use this field to specify the number of hours of leave you are taking between the start and end dates you'll specify.



You can elect to receive payment at a variety of rates such as full, half. The available options will appear depending on the type of leave you are requesting. ✕

### Payment Options

Full pay

\* From date

\* Start time:

\* To date

\* End time:

Hours:Mins

**Optional: Specify hours and minutes:**

Without pay

Please ensure you have consulted your directorate's delegations manual when applying for other leave types. [Click here To learn more about delegations and to view your directorate's HR delegations manual.](#) or see the related information to the right of this form.

### Health Employees - Proact Timesheets

\* Is your timesheet being processed directly through the ProAct system?

### Other information

Please add any information that you would like to let Shared Services know about in relation this leave request.

### Manager/Supervisor details

manager/supervisor details

\* Select manager/supervisor

The manager listed here is also the delegate for this request.

Delegate

\* Select delegate

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