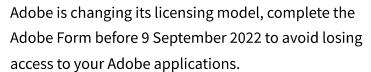
## **★** Are you using Adobe?



Click here for more information

### **Digital, Data and Technology Solutions**

**Shared Services** 

**Procurement ACT** 

**ACT Property Group** 

**ACT Insurance Authority** 

### **Infrastructure Finance & Reform**

Find a product or service Q

### Home / My requests / Apply for Leave / View

RITM3537115	
Item	Opened
Apply for Leave	30/08/2022 15:45:40
Opened by	Opened for
Robert Schmidli	Robert Schmidli
Details	



Robert Schmidli	CANBERRA HEALTH SERVICES - CHS
I want to request this for an employee who is not available in the drop-down list.	*Email address (while on leave)
AGS number / Staff number (if known)	Shared Services will use this email address to send any correspondence to you, if required.
Supplying your AGS or Staff number, if	. Squiroui
known, will help Shared Services identify relevant records, and complete your request more efficiently.	robert@schmidli.com.au
7805099	
I currently have an active compensation claim	*I'm currently employed on an executive contract or as a board member
For your privacy, please let Shared Services know whether you currently have your pay and conditions managed by the compensation pay team.	No
No	
Type of Leave	
What type of leave do you want to take?	
Other leave	
Other leave	
Study Leave	
are you currently salary packaging? 🔞	
This will ensure that all relevant areas within Share	ed Services are aware of this request.
Yes	
Leave Reason for Manager/Delegate	

LOM CITTICAL	WEEKEHU,	LOM-200-/	<b>イト レローハイント</b>	ZUZZ HICCHIIK

#### 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

10/11/2022

\* To date

20/11/2022

**Optional: Specify hours and minutes:** 

\* Start time:

08:00

\* End time:

24:00

Hours:Mins

10:00

# 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?

No

#### Other information

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

#### Manager/Supervisor details

50,000	ct manager/supervisor
0	Tim Greenaway
ТІ	ne manager listed here is also the delegate for this request.
TI	ne manager listed here is also the delegate for this request.
	ne manager listed here is also the delegate for this request.
De	
De	legate

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