

Application for Retrospective Leave Adjustment

Applications for leave should be submitted **before** the end of the pay period in which the leave is taken using My Self Service. In the event this is not possible and My Self Service will not accept your application, or your original leave application needs to be adjusted, an application for leave may be submitted retrospectively using this form.

Please note that retrospective leave adjustments must be processed manually and therefore will not be processed until the week two manual pay or the next available pay period.

Employee name:		Employee ID:		
Date of application:		Site / Work area:		
Position:		Manager:		
First date of leave:		Last day of leave:		
If less than 1 day, start/finish tin number of leave hours:	ne of leave and total			
Please select below and comple	ete the relevant section:			
☐ I am submitting a new leave request for a past pay period (Option 1)		☐ I am submitting an adjustment to a leave request for a past pay period (Option 2)		
Employee signature:		Comments:		
Option 1 – New Leave Request (p	please tick)			
□ ADO	☐ Grandparents leave	☐ Public holi	day leave	
☐ Annual leave	☐ Long service leave	☐ Personal/carer's leave (without evidence)		
☐ Community service leave	☐ Short leave	☐ Personal/carer's leave (with certificate)		
☐ Compassionate leave	☐ Study leave	☐ Personal/o	carer's leave (with statutory declaration)	
\square Other (please specify)				
Option 2 – Adjustment to Existing Leave				
Select leave type originally submi	itted in My Self Service:			
□ ADO □	Grandparents leave	☐ Public holiday	leave	
☐ Annual leave ☐		☐ Personal/carer's leave (without evidence)		
☐ Community service leave ☐	_	☐ Personal/carer's leave (with certificate)		
☐ Compassionate leave ☐		☐ Personal/carer's leave (with statutory declaration)		
☐ Other (please specify)				
Select leave type to be adjusted t	:0:			
□ ADO □	Grandparents leave	☐ Public holiday leave		
☐ Annual leave ☐	Long service leave	☐ Personal/carer's leave (without evidence)		
\square Community service leave \square	Short leave	☐ Personal/carer's leave (with certificate)		
☐ Compassionate leave ☐	Study leave	☐ Personal/carer's leave (with statutory declaration)		
☐ Other (please specify)				
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Approver (manager/coordinator) to complete and provide copy to employee and roster clerk. For Disability Services, please email approved forms to dsrostering@brightwatergroup.com .				
For BAH, please email approved forms to ahs.scheduler@brightwatergroup.com .				
Request for leave has been: \Box	Approved	☐ Not approved		
Comments:				
Signature:	Position:		Date:	
☐ Copy emailed to payroll adjustment				
☐ Processed Processed by:	Checked I	bv:	Date:	