



AWF MADISON

Domestic Violence Leave Form

Full Name:

Date:

Position:

Manager:

Branch:

Employee ID:

Please note that affected employees are required to notify the employer of their intention to take domestic violence leave as early as possible before the employee is due to start work on the day that is intended to take the leave, or, if that is not possible, as early as reasonably practicable and prior to the requirement to use the leave.

Current Place of Work:			
Current Days/Hours:			
Requested Days of Leave: Please note the maximum period of leave is ten (10) days in any period of entitlement.	Start Date:	End Date:	Total Days Taken:
Leave Requested is: unpaid leave will be considered where there is no entitlement to paid leave	Paid		Unpaid

In order to be considered for Domestic Violence Leave, proof of domestic violence is required before any domestic violence leave will be paid. Proof may include but is not limited to documentation which provides sufficient information to satisfy the manager that the employee is affected by domestic violence.

Please attach any proof which you are providing with this application.

I confirm that the above information is true, correct, and complete to the best of my knowledge. I have read the policy to which my request refers and I have been provided with a reasonable opportunity to ask for clarification and /or address any concerns in respect and seek independent advice in relation to my request. I acknowledge that the Policy provides me with information about available and appropriate specialist domestic violence support services. I understand that AWF Madison Group will take reasonable steps to protect my privacy and the confidentiality of my request and the information provided therein, however, I understand that full confidentiality may not be possible and that my information will need to be accessed by a small number of AWF Madison Group's employees on a need to know basis.

Signature of Applicant:

Signature of Manager:

ONLY APPLICABLE IF THE REQUEST IS MADE ON BEHALF OF AN AFFECTED EMPLOYEE:

This request relates to the employee named in this form and I confirm that I have the employee's authority to lodge this request on that employee's behalf. I also confirm that I am authorised by that employee to provide further information in relation to this request, if necessary, and that I am authorised to receive the employer's decision as to whether the request has been approved or refused.

I confirm that the above information is true, correct, and complete to the best of my knowledge and understanding. I, and/or the employee on whose behalf this request is made, have read the policy to which the request refers and I, and/or the employee on whose behalf this request is made, have been provided with a reasonable opportunity to ask for clarification and/or address any concerns in respect and seek independent advice in relation to the request. I have been made aware of and provided with information about available and appropriate specialist domestic violence support services, as outlined in the policy itself. I confirm that I will pass on such information to the employee on whose behalf this request is made. I understand that the employer will take reasonable steps to protect the employee's privacy and the confidentiality of the request and the information provided therein, however, I understand that full confidentiality may not be possible and that the information will need to be accessed by a small number of AWF Madison Group's employees on a 'need to know' -basis.

Name (in print letters) and Signature of person who is acting on behalf of the employee named in this request

Telephone contact details

Email contact details

Date

Branch to complete:

GM Approval:

Name: _____

Signature: _____ Date: _____

RDP? Yes No RDP rate: \$ _____ RDP Hours: _____

(see notes below)

Notes:

Is the worker an internal employee

Yes No

If an on-hire field employee or contractor complete below

Is worker employed within a defined work pattern (supported by assignment confirmation) **or**

Yes No

Do we have a roster to work from, **or**

Yes No

Can we establish a working pattern from history, **or**

Yes No

Do hours or days of work remain the same within the pay period?

Yes No

IF ANSWERED YES = RDP - is the amount employee normally/usually paid for each week incl. allowances, overtime etc.

IF ANSWERED NO = NOT RDP - ADP applies and is daily average of employee's gross earnings over the past 52 weeks or number of weeks worked.