

## Parental leave – application to vary leave within the initial 12 months

### Who can use this template?

You can use this form to apply for or notify your employer that you wish to reduce or extend a period of parental leave within the initial 12 months from the time your leave began. You can also use this form if you have already commenced your leave but choose to cancel it due to stillbirth or infant death.



**IMPORTANT:** To request an extension of leave beyond the initial 12 month period, use the [Parental leave – request to extend leave beyond initial 12 months template](#), available at [www.fairwork.gov.au/templates](http://www.fairwork.gov.au/templates)

The initial 12 month parental leave period will include unpaid parental leave taken by the employee's spouse or partner if they take more than 12 months, and unpaid parental leave that the employer required the employee to take.

### How to complete this template

In the below template, explanatory information is shown in **blue** to assist you and can be deleted once you have completed this template.

[For more information about parental leave](#), visit [www.fairwork.gov.au/leave](http://www.fairwork.gov.au/leave)

The Fair Work Ombudsman is committed to providing you with advice that you can rely on.

The information contained in this template is general in nature. If you are unsure about how it applies to your situation you can call our Infoline on 13 13 94 or speak with a union, industry association or a workplace relations professional.

# Parental leave – application to vary leave within the initial 12 months

## Employee’s details

First name:

Last name:

Position:

Contact phone number:

## Leave details

[Explanatory information – please delete once you have finished this template]

Requests to extend a period of leave must be provided to your employer in writing at least 4 weeks before the date you are due to return to work.

Requests to reduce the period of leave are generally subject to the employer agreeing to the request. However, in the case of stillbirth or infant death, you can request to reduce or cancel your leave by:

- providing written notice to your employer at least 4 weeks before the date of returning to work (where you have already started your leave), or
- providing written notice to your employer cancelling your upcoming leave (where you haven’t started your leave).

Employees should be aware that reductions in their period of leave may affect their eligibility for Parental Leave Pay under the Australian Government Paid Parental Leave scheme (where applicable). Visit the [Services Australia website](http://www.servicesaustralia.gov.au) at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) for further information.

Type of variation requested:  Extension  Reduction  Cancellation

Original parental leave start date:

Original parental leave end date:

New return to work date:

Total additional/reduced period of leave (weeks/days):

Total period of leave (weeks/days; maximum 12 months):

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Approval of leave variation (to be completed by manager/supervisor)

[Explanatory information – please delete once you have finished this template]

Approval is not required for the first extension of leave if the total period of leave is less than 12 months. Further requests to extend the period of leave to a total period of 12 months from the time leave began are subject to employer approval.

While not required, it is recommended that refusal and/or approval of a request to extend or vary a period of leave be communicated in writing using either the [Parental leave – approval of extension](#) or the [Parental leave – refusal of extension](#) template available at [www.fairwork.gov.au/templates](http://www.fairwork.gov.au/templates)

An employer can't refuse an employee's notice of returning to work from parental leave in the case of stillbirth or infant death.

Approved       Not approved

Reason for refusal (*if applicable*):

Name of manager/supervisor:

Signature of manager/supervisor: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

PLEASE KEEP A COPY OF THIS LETTER FOR YOUR RECORDS

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