

6 CHAPTER SIX: ABSENCE FROM WORK

6.1 Introduction

Administrative Staff are eligible for leave and payment during leave in line with the Clerks Private Sector Award MA000002.

Absence of any type should be requested on the Application for Leave (Form 6.1) and forwarded to the CCOMM, who is responsible to arrange alternate staff, if required.

Everyman's REPs may take leave for a number of reasons:

- Annual holidays
- Personal reasons
- Partnership Development
- Long Service Leave

Absence from work should be planned in advance, as far as possible, so that appropriate administrative arrangements can be made to cover bases during their absence.

Absence of any type should be requested on the Application for Leave (Form 6.1) and forwarded to HQ via the Local Area Supervisor, The Local Area Supervisor is responsible to arrange alternate REPs, if required. The Application for Leave is to be emailed to the CCOMM and HQ for final approval and recording.

6.2 Annual Holidays

The purpose of annual holidays is to give refreshment. Annual Holidays are granted to enable staff to rest and relax. In order to ensure Recreation Leave is truly refreshing, it is preferred that staff do not combine Annual Holidays with Partnership Development. It is expected that REPs will take 4 weeks Annual Holidays each year.

Payment for REPs will continue provided Personal Support donations are sufficient to enable the payment.

6.3 Other Absences

Other absences occur from time to time for various reasons.

- Unit Stand-down.

Unit Stand-down is granted at the discretion of the Rep's Unit Commanding Officer. Reps would normally take this time off with the Unit.

- Personal Absences.

On some occasions a REP will work different duty hours to those of his Unit. In such circumstances a REP can grant himself some time off. It is courteous for the REP to inform the CCOMM or Local Area Supervisor in such circumstances.

- Extended absences

Any extended absence should be negotiated with the CCOMM eg extended sickness of a spouse or child, birth of child. Normal financial payments will continue during this period provided Personal Support donations are sufficient to enable the payment.

6.4 Sickness and Injury

When a Representative becomes ill and needs to be absent from work they are to notify the CCOMM or Local Area Supervisor accordingly.

In the case of an injury or work-related illness, the CCOMM is to be informed as soon as possible and a report made to the sponsor unit as soon as practicable, with a copy forwarded to HQ and retained on the personnel file.

Depending on the nature of the injury, or illness, the REP may be asked to provide a certificate to state they are fit for work, or fit for light duties, with duties to be specified.

6.5 Partnership Development

Staff are expected to undertake a minimum of 10 day of Partnership Development each year.

6.6 Long Service Leave

Full-time REPs will be granted six week's Furlough after six years' full-time service with Everyman's. This will be complimentary to Annual Holidays.

Furlough is to be used as a break from the routine of duty and is to include one 10-day Partnership Development program, preferably at the beginning or at the end of the period.

Everyman's Welfare Service

National Headquarters, Gaza Ridge Barracks, PO Box 8, BANDIANA Vic 3694
Phone: 02 6053 5288 Email: admin@everymans.org.au

APPLICATION FOR LEAVE

Applicant Details:

Surname	Other Names	PMKeyS No
Rank	Location	Phone No

Period of Absence:

Date From	Time	Date To	Time
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Leave Details:

Recreation Leave Long Service Leave Sick Leave Special Leave Without Pay
 Deputation Leave Short Leave Other **Total Days of Absence**

Information:

Contact Details while on Leave:

Address: _____

_____ Contact Phone No: _____

All applications for leave are to be completed in NEAT HANDPRINT and submitted to your Area Supervisor and to EWS HQ providing sufficient time to have leave properly APPROVED.

HAVE YOU CLEARED THIS REQUEST WITH YOUR UNIT? YES NO

While every effort will be made to grant the leave requested, the CCOM will have the final authority in respect of approving leave.

Applicant Signature: _____ Application Date: ____/____/____

SUPERVISOR Emailed to / / SUPPORTED NOT SUPPORTED
ACTION: Headquarters: _____

Supervisor Signature: _____ Approval Date: ____/____/____

HEADQUARTERS Reply Email Back: / / APPROVED NOT APPROVED
ACTION: _____

CCOMM Signature: _____ Approval Date: ____/____/____