**Application and agreement form – part-time work arrangements after returning from parental leave**

**(Please note a copy of this agreement needs to be kept by the supervisor and employee - a copy of the agreement does not need to be submitted to payroll)**

|  |  |
| --- | --- |
| Employee name: | Manager/Principal/Supervisor |
| Employee number: | Employee number: |
| Position: | Position: |
| Location: | Location: |

**PART A – Application**

**Part A of this form is to be used by employees requesting to return to work on a part time capacity after a period of parental leave.**

**It is recommended that the employee and employer review the** [Parental leave](https://ppr.qed.qld.gov.au/pp/parental-leave-procedure)**procedure and** **prior to completing this form.**

**About your request:**

|  |
| --- |
| **Application to work part-time whilst on parental leave or after returning from parental leave.**  Employees (other than teachers) requesting to return to work in a part-time capacity following a period of parental leave must submit their request, in writing, at least seven (7) weeks prior to their leave ceasing. Employees (other than teachers) can be employed on a fraction ranging from 0.1 to 0.9.  Teachers (including classified officers such as Principals or Deputy Principals) who are requesting to return to work in a part-time capacity following a period of parental leave must submit their request, in writing, at least seven (7) weeks prior to their leave ceasing however, two (2) terms prior is preferable for timetabling purposes.   * Teachers or classified officers can be employed on a fraction ranging from 0.2 to 0.9. * Either teachers or classified officers may be rostered on for full days (5 hours per day) or on the specific request of the employee, or only in exceptional circumstances half days. * A half day is equivalent to 2.5 hours rostered time.   + the half day should either be the first half, from the commencement of school, or the last half, being the hours immediately prior to the end of the timetabled school day. * Part-time teaching arrangements for both permanent and temporary teachers, are for an agreed period of time aligning to the school calendar year, and require review annually. |

|  |
| --- |
|  |

|  |
| --- |
| **Reason/s for requesting to work part-time.**  \*Note: it is important to state *all* the reasons for requesting to return to work on a part-time basis, including the impact refusal might have upon the employee and the employee’s dependents |

|  |
| --- |
| **How long would you like this arrangement to be in place for?** |
| Proposed commencement date:\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposed end date: \_\_\_\_\_\_\_\_\_\_\_  **Please note:**the period in which an application may be made for a part-time work arrangement after parental leave cannot extend beyond the day the child in relation to whom parental leave was taken is required to be enrolled for compulsory schooling under the *Education (General Provisions) Act 2006* (Qld)*.*  Once the child attends school, subsequent and/or further applications for part-time arrangements can be made under the or the *Industrial Relations Act 2016* (Qld). |

|  |
| --- |
| **Accompanying information** |
| **Please note:** Under the *Industrial Relations Act 2016* (Qld),employees may be requested to provide evidence (e.g. statutory declaration) to their employer to substantiate their request to work on a part time basis. Additional information may also be requested where the employee requests an extension of an existing part time arrangement. |

**Details of the request**

**Proposed changes to when you work**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1 days** | **Week 1 times** | **Week 2 days** | **Week 2 times** |
| Monday  Tuesday  Wednesday  Thursday  Friday | **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **Total hours** | Monday  Tuesday  Wednesday  Thursday  Friday | **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **Total hours** |

**In submitting this application, I acknowledge the following:**

* I understand that my manager has the right to negotiate a temporary change or variation in the working arrangement to meet unforeseen or urgent business requirements.
* I understand that a request to return to work in a part-time capacity will be subject to annual review and my manager may request a change in agreement
* I understand that these arrangements may affect my wages and entitlements, and I am aware that I am responsible for seeking independent financial advice regarding taxation, superannuation, leave and other entitlements.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B – Outcome**

**Part B is to be completed by managers, principals or supervisors when considering an employeerequest to return to work in a part time work capacity.**

**Consider the following in evaluating the employee’s request:**

* *Tick all of the factors you have considered in evaluating this request:*All the relevant information has been provided by the employee
* The particular circumstances of the employee that give rise to the application to work part-time have been considered, specifically, the employee’s role as the child’s caregiver
* The impact that refusal of the application would have on the employee and the employee’s dependants
* The effect that agreeing to the application would have on the conduct of the employer’s business (factors outlined below)
* Any additional cost the employer would occur as a result of the arrangement
* The employer’s capacity to re-organise, re-design and/or re-assign workloads / workspaces to ensure workloads are suitable and achievable
* Availability of competent replacement staff
* Any loss of efficiency in the conduct of the department or work unit
* Employee’s current skills and ability to manage their work under a part-time work agreement (e.g. time management skills may be needed when an employee reduces their hours of work). Will the employee require specific training to address any skill gaps
* Where the position has supervisory responsibilities, supervisory levels will be maintainable
* Consultation with co-workers who may be affected. Have any concerns, objections or barriers been identified?
* Conditions of the employee’s award / agreement (does the employee’s award / agreement contain conditions pertaining to their request?)
* Requirement for further discussion with employee

**Other considerations:** Please detail any other factors you considered in evaluating this request below (for example, cost of the arrangement, impact of refusing the arrangement on the employee and their family)

**Decision**

* **Request granted.**  Complete PART C of this form.
* **Request granted in part or subject to conditions:**  Complete PART C after discussing the outcome with the employee and noting reasons below.
* **Request denied:** Seek advice from your HR contact prior to denying a request. Complete the ‘Reasons” section below. You must have reasonable grounds to refuse a request in full or in part, or when imposing conditions on the request. It is important that all the reasons for the decision are documented below, including any other options considered prior to refusing the request.

**Reasons:**

**In making this decision, I acknowledge the following:**

* I have consulted with the employee and team members prior to finalising the decision so accountability and expectations are well understood
* In the instance of refusal, I have sought advice with HR prior to holding discussions with the employee.
* I am required to notify the employee, in writing, of my decision within 14 days of receiving their application.
* In the instance of refusal, I will notify the employee of their right to appeal under the *Industrial Relations Act 2016*.

**Written notice of the decision**

Written notice of all decisions must be provided to the employee within 14 days of the request being received. If the request is refused (in part or full), detailed reasons for the decision must be included in the correspondence to the employee.

Written notice was provided to the employee on \_\_\_\_\_\_\_\_\_\_\_\_ (insert date). Please attach hard copy of the written notice.

**Signature:**

Manager, Principal or Supervisor

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART C – Part-time work agreement**

**Part C details the part-time, return to work agreement that has been agreed to between the employer and the employee.**

**Agreement terms:**

This is an agreement between the aforementioned employee and manager, principal or supervisor (the parties) outlining the return to work in a part-time capacity arrangements that are agreed to between the parties.

**Part-time working arrangements**

**Days and hours of work:**

During a fortnightly period, the employee will work on the following days and times:

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1 days** | **Week 1 times** | **Week 2 days** | **Week 2 times** |
| Monday  Tuesday  Wednesday  Thursday  Friday | **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **Total hours** | Monday  Tuesday  Wednesday  Thursday  Friday | **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **\_\_\_\_\_\_to\_\_\_\_\_\_**  **Total hours** |

**Period of agreement**

The agreement commences on \_\_\_\_\_\_\_\_\_and ends on \_\_\_\_\_\_\_\_\_, unless the agreement is terminated beforehand in accordance with the terms of this agreement.

**Review of agreement**

This agreement will be reviewed on**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert dates) by the parties to determine if continuation of the agreement is to occur.

**NOTE:** Upon review, there is no need to implement a new agreement if the agreement is intended to continue. If the agreement is NOT to continue, the party responsible for discontinuing the agreement must provide four (4) weeks’ written notice of the termination of the agreement. Once the agreement ceases, the employee has the right to return to their substantive position prior to the commencement of the part-time agreement.

**Amendments to the agreement**

Subject to departmental approval and reasonable periods of notice, this agreement can be discussed and amended at any time as a result of changed employee or employer circumstances.

All amendments to this agreement must be in writing and signed by all parties prior to the amendments taking effect. A copy of the agreed amendments should be attached to this original agreement and a signed copy given to all parties.

**Acknowledgement**

The parties acknowledge they have read this agreement, understand the contents of it and agree to be bound by the terms and conditions.

**Signatures**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Manager, Principal or Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**PART D – Review form**

**Review considerations**

The employee and manager, principal or supervisor (parties) should consider:

* Has the employee’s circumstances changed?
* Is the part-time working arrangement still required by the employee?
* Has the employer’s operational requirements changed?
* Is the arrangement working satisfactorily?
* Are there any concerns with the arrangement continuing?
* Are there any improvements that could be made to the arrangement?

**Review outcome**

The parties acknowledge that they have reviewed the current part-time working arrangements in accordance with the review terms of the agreement. The parties agree:

This arrangement is continuing unchanged and will be subject to further review on \_\_\_\_\_\_\_\_\_\_\_\_\_.

This arrangement is continuing with changes documented below and will be subject to further review on\_\_\_\_\_\_\_\_\_\_\_\_\_.

The changes documented and signed by both parties and are attached as an amendment to the original agreement.

This agreement will be terminated with four (4) weeks’ written notice, effective on\_\_\_\_\_\_\_\_\_\_\_\_.

**Signatures**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager, Principal or Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_