

# Whiddon

## EMPLOYEE TO COMPLETE

Facility/Service:

Employee (Payroll) Number:

First Name:

Last Name:

I would like to cash out my **ANNUAL** leave

Number of weeks: \_\_\_\_\_

In electing to cash out ANNUAL LEAVE I acknowledge that:

- The Whiddon Group Agreement 2017 (the Agreement) allows me to cash out part of my annual leave,
- I can choose to cash out annual leave on one occasion each financial year,
- In choosing to cash out part of my annual leave, I give up my entitlement to take that amount of annual leave,
- I will have at least 4 weeks of accrued annual leave left after my annual leave is cashed out,
- My leave will be paid out at my current ordinary rate of pay under the Agreement, plus annual leave loading or penalties as applicable under the Agreement,
- My employer has not required me to cash out annual leave.

In addition to the above, please choose the option that applies to you:

1. I have taken at least 2 weeks of leave in the previous 12 months to be eligible to cash out annual leave; and or
2. I have not been in a position to take at least 2 weeks of leave in the previous 12 months however at my own request I would like to waive this requirement (Clause 48.7 a) ii) of the Whiddon Group Agreement 2017 and cash out a portion of my leave.

Please note, if option 2 applies to you by signing this agreement you acknowledge that you have considered the benefits of taking time off in the management of your wellbeing and fatigue management in the workplace. Whiddon continues to encourage employees to take their annual leave.

My Annual Leave Current Balance

Employee signature:

Date:

Managers Signature:

Date: