# Parental Leave

The following letter template should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the policy. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

Disclaimer

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In regards to all aspects of Parental Leave, it is essential your organisation complies with the provisions of the Fair Work Act 2009.

Please note when using these letters, strict requirements on employers are outlined with the Fair Work Act, including when employers must approve parental leave and extensions and when they can be declined (including return to work requests).

We recommend you contact our Workplace Relations Advice Line prior to declining any request for parental leave, parental leave extensions or return to work requests. The following templates may be used and varied for matters surrounding parental leave. Please refer to the VCCI Parental Leave Policy template for further information relating to this subject.

**The letter templates outlined below are as follows:**

1. Request for Parental Leave Acknowledgement
2. Request for Extension of Parental Leave Approval/Decline
3. Request for Part-time Employment After Return to Work from Parental Leave – Request Meeting
4. Request for Part-time Employment After Return to Work from Parental Leave - Approval/Decline
5. Employee Medical Certificate Request – relating to pregnant employee

**Request for Parental Leave Acknowledgement**

Dear **[Name]**

**Re: Your Request for Parental Leave**

**[Insert company Name]** has received your application for time off work for parental leave and we are happy to advise that your leave request has been granted subject to your compliance with the below conditions.

**Conditions of parental leave**

Your request for parental leave has been granted subject to your compliance with the following points:

1. Your parental leave is due to commence on**[insert commencement date]** as you stated in your application form.
2. Your proposed date of return to work is**[insert return to work date]**, in this regard, you must confirm with your manager and **[insert employees name]** in writing four weeks prior to **[insert return to work date]** that you will be returning to work.
3. If you wish to return to work earlier than the previously agreed date or extend your period of parental leave, you should contact **[insert employee’s name]**. You should provide no less than 4 weeks’ notice of the proposed change and specify the new end date for the leave.

**[DELETE 4 IF NOT REQUIRED]**

1. Your parental leave is subject to our Parental Leave Policy, however this Policy does not form part of your contract with **[insert company name]**.
2. During any period of your parental leave which is unpaid, you must make alternative arrangements for any regular payroll deductions.
3. **[Insert company name]**’s contributions to your superannuation cease during any period of unpaid parental leave, although you may elect to continue personal contributions.
4. You must immediately advise **[insert company name]** if you cease to be the primary care giver of your child during the period of parental leave.
5. Your absence can be approved up to a maximum of 12 months and may consist of annual leave, long service leave (if applicable) and unpaid parental leave.
6. **[Insert company name]** may need to consult with you while you are on parental leave about significant work matters that may directly impact on you. Accordingly, you must inform **[insert company name]** of your contact details no less than 2 weeks before **[insert return to work date]** and as and when those details change during your period of parental leave.
7. In reference to your return from Parental Leave, **[insert company name]** request confirmation of your return at least four weeks prior to the date of return indicated above. In the event that you wish to extend your Parental Leave, please provide notice of this intention at least four weeks prior to the date indicated above **[for consideration] – only insert for consideration if the request is for leave in excess of 12 months in total.**
8. Requests to reduce the period of approved Parental Leave should be made in writing to **[insert company name]** as soon as practicable before the requested return date, preferably no later than four weeks prior to the requested return date. Approval of such requests will be at the discretion of **[insert company name]**.
9. You are entitled to submit a request in writing to**[insert company name]** no less than 4 weeks before **[insert return to work date]** to extend your period of parental leave beyond the initial 12 months period. **[insert company name]** will consider your request and advise you whether it has been granted or refused.
10. The relevant terms and conditions of your contract of employment continue to apply to you during your period of leave.

Please refer to the attached **[insert name of the company Parental Leave Policy]** for full details pertaining to your entitlements and obligations relating to Parental Leave.

If you require any further information please do not hesitate to contact me on **[insert relevant phone number]**.

Yours sincerely,

**[Managers name]**

**[Managers title]**

**Request for Extension of Parental Leave - Approved/Declined**

Dear **[Name]**

Thank you for your request regarding an extension to your Parental Leave from the **[insert start date of new leave period]** to the **[insert finish date of new leave period]**, inclusive.

**Use if declined [Insert company name]** has given consideration to your request, the associated impacts on the workforce and the operational needs of the business. **[Insert company name]** has declined your request based on **[insert an outline of the reasons for declining the request, which must be based on reasonable business grounds]. Please ensure you have read the advice provided at the top of this template.**

**Use if approved** Please be advised your request has been approved and **[insert company name]** requires confirmation of your return to work at least four weeks prior to the finish date indicated above.

Please refer to the attached **[insert name of the company Parental Leave Policy]** for full details pertaining to your entitlements and obligations relating to Parental Leave.

If you require any further information please do not hesitate to contact me on **[insert relevant phone number].**

Yours sincerely,

**[Managers name]**

**[Managers title]**

**Request for Part-time Work after Parental Leave, Request Meeting**

Dear **[Name]**,

We refer to your request for part-time employment **[insert days / hours per week]**, upon return from Parental Leave.

Prior to making a decision **[insert company name]** would like to meet with you to discuss the details of your request to ensure we consider all of the related circumstances. Please contact me on **[insert appropriate phone number]** to arrange a suitable time to meet.

Please refer to the attached **[insert name of the company Parental Leave Policy]** for full details pertaining to your rights and obligations relating to Parental Leave.

Yours sincerely,

**[Managers name]**

**[Managers title]**

**Request for Part-time Work After Parental Leave, Approved/Declined**

Dear **[Name]**

We refer to your request for part-time employment **[and our subsequent meeting, if applicable]. [Insert company name]** has considered your request and evaluated the relative impact of change on the workforce. Additionally, we have considered the operational needs of the business and accordingly the request has been **[insert approved/declined] [insert period of time for review period if agreeing to trial arrangement].**

**Use if declined [insert company name]** has declined your request based on **[insert a brief outline of the operational reasons / business grounds for declining the approval].** Please ensure you have read the advice provided at the top of this template.

**Use if ongoing arrangements approved** Please find enclosed a new **[contract of employment]** confirming the changes to your terms and conditions of employment. To indicate acceptance of your new contract of employment, please sign and return one copy of the contract accordingly.

**Use if trial arrangement approved** Please find enclosed a variation to your **[contract of employment]** confirming the temporary changes to your terms and conditions of employment. To indicate acceptance of this, please sign and return one copy of the contract accordingly. This arrangement will be reviewed prior to the end date and a decision made in relation to the request for Part-time Work on an ongoing basis.

If you require any further information please do not hesitate to contact me on **[insert relevant phone number].**

Yours sincerely,

**[Managers name]**

**[Managers title]**

**Pregnant Employee Medical Certificate Request**

Dear **[Name]**

**Re: Concerns regarding your health and safety in the workplace**

The health and safety of all employees is of primary concern to **[insert company name].** With this in mind, I am writing to inform you that your manager has raised concerns regarding your health and safety in the workplace. In light of these concerns, **[insert company name]** requests that you obtain a medical certificate from your doctor to confirm you are fit to perform the inherent requirements of your role **[insert the relevant position description title].**

**[Insert company name]** will meet the reasonable costs of your doctor providing this certificate.

To assist your doctor’s understanding of the requirements of your role, we enclose a copy of your position description. Please take it along with you when you visit your doctor. With your written consent, **[insert company name]** will communicate with your doctor where necessary to assist with the assessment of any health and safety concerns. Please confirm to us in writing that we have your permission to contact your doctor relating to your ability to safely undertake your role at this time. Please be assured that no additional information will be requested from your doctor if it does not directly relate to your ability to perform your current role safely.

Once we are in receipt of the medical certificate from your doctor, we will schedule a meeting with you.

A copy of the Parental Leave and Occupational Health and Safety policies are attached for your reference.

If you require any further information regarding this matter please do not hesitate to contact me on **[insert contact phone number].**

Yours sincerely

**[Managers name]**

**[Managers title]**