**PURCHASED LEAVE AGREEMENT**

**Between the Department of Education (the department) and [employee’s name]**

Date: ……/……/……

Employee name:

Employee number:

Position title and classification level:

Work Group/Section:

Reports to:

Current Manager/Supervisor:

**TERMS OF AGREEMENT**:

It has been agreed between the department and [employee’s name] that he/she will commence on purchased leave arrangements effective [date] and in accordance with the terms and conditions outlined in this agreement. This agreement will be applicable for **a 12-month period** from the nominated date of commencement.

It is confirmed that [employee’s name] has read the department’s [Purchased leave and deferred salary scheme procedure](https://ppr.mpe.qed.qld.gov.au/pp/purchased-leave-and-deferred-salary-scheme-procedure) and supporting fact sheet and understands the procedures and entitlements detailed within. It is agreed that [employee’s name] has applied for [amount of leave] weeks of purchased leave covering the period [commencement date] to [cessation date]. The dates nominated for each period of purchased leave and any additional leave (eg long service leave, recreation leave) are as follows:

[Commencement] to [cessation]

[Commencement] to [cessation]

[Commencement] to [cessation]

[Commencement] to [cessation]

The total amount of purchased leave specified in this agreement will result in salary deductions of [insert amount] per fortnight. Any changes to your gross salary, other than promotion, will not affect your net salary deductions for purchased leave.

[Employee’s name] is to advise their manager or supervisor immediately should any circumstances arise to warrant reviewing of the current agreement, or of any unused purchased leave at the cessation of the agreement.

[Employee’s name] accepts responsibility for the implications this agreement may have on their superannuation and taxation obligations and has been encouraged by the department to seek professional advice.

[Employee’s name] will be provided with the same training and career opportunities as his/her work colleagues and in line with regular performance management review procedures, and has the agreed right to return to pre-existing employment arrangements.

A copy of this agreement will be retained on the employee’s personnel file and within the supervisor’s staff file for future reference.

**Signed:**

**………………………. ……………………………**

**Employee Delegated Officer**