VET Academics may be granted up to twelve (12) months leave to return to the industry appropriate to their teaching.

For more information see Clause 81. Return to Industry of the Charles Darwin University and Union Enterprise Agreement 2018 and any other associated policies or procedures.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: EMPLOYEE DETAILS | | | | | | |
| Employee name |  | Employee ID |  | | | |
| School |  | | | | | |
| Address on Leave |  | | | Phone no. |  | |
| **SECTION 2: REQUEST** | | | | | | |
| Short term (1 – 8 weeks)  Long term (maximum 12 months) | | | | | |

Description of the intended Return to Industry Leave (RTIL):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| No. of days per week | | |  | | Date From |  | Date To | |  | Total number of days |  |
| Name of Industry host |  | | | | | | | | | | |
| Nature of Industry host business | | | |  | | | | | | | |
| Host contact name | |  | | | | | | Host contact phone | |  | |

Purpose of the RTIL (include a brief summary of benefit to individual, team and University strategic goals).

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|  |

Industry ‘Letter of Support’ attached (where required)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you required to travel for the purposes of RTIL?  No  Yes⏵If ‘yes’, I understand that I am responsible for all costs associated with travel including but not limited to travel, accommodation, incidentals etc. | | | | | | | | | | | | | | | | | | |
| Employee’s signature | |  | | | |  | | | | Date | |  | | | | | |
| **SECTION 3: SUPERVISOR/TEAM LEADER to complete this section** | | | | | | | | | | | | | | | | | |
| Yes  No  Yes  No | Work tasks (including assessments, grading etc) to be completed prior to the employee taking RTIL  Discuss with the team how the absence will be covered | | | | | | | | | | | | | | | |
| Is there any cost involved?  No | | | | Yes -How will this be financed? | | |  | | | | | | | | | |
| Supervisor/Team Leader name | | |  | | | | | | signature | |  | | | Date: | |
| **SECTION 4:** Approval | | | | | | | | | | | | | | | | |
| Supported  Not Supported by Head of School | | | | | Signature | | |  | | | | | Date | |  | | | |
| Supported  Not Supported by Pro-Vice Chancellor VET | | | | | Signature | | |  | | | | | Date | |  | | | |

**To be forwarded People and Capability at least six (6) weeks prior to commencement of leave.**