

ADF Application for Recredit of Leave

Privacy Notice: The purpose of collection of your personal information in this form is for the application and approval of Recredit of ADF leave. ADF leave authority, policy and process is detailed in [PACMAN Volume 1, Chapter 5](#). The information provided in this form may be used by unit administrative and command staff and DSG pay and leave processing centres.

- Requests for recredit of recreation leave are to be approved by the recreation leave approving authority and are to be in accordance with [PACMAN Volume 1, Chapter 5, Part 2, Division 6 \(5.2.28\)](#).
- Requests for recredit of long service leave are to be faxed to (02) 6127 8805 for consideration under the provisions of [PACMAN Volume 1, Chapter 5, Part 3, Division 2 \(5.3.12\)](#).

Part A - Member's details

Employee ID	Service no. (If applicable)	Rank	Family name	Initials	Unit
Unit phone no.	Unit fax no.	Unit email address	Unit message address	Administering CSC (if applicable)	
Categorisation <input type="checkbox"/> MWOD <input type="checkbox"/> MWD <input type="checkbox"/> MWD(U)		Do you pay for living in accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you apply for refund of LIM for this period of recredit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was travel for this leave at Commonwealth expense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B - Request for recredit

Leave details First working day of recredit Date from <input type="text"/> Date from <input type="text"/> Date from <input type="text"/>		Last working day of recredit <i>(For LSL state first and last ACTUAL day of recredit)</i> Date to <input type="text"/> Date to <input type="text"/> Date to <input type="text"/>		Recredit type: <input type="checkbox"/> FAN <input type="checkbox"/> LSL <input type="checkbox"/> FTR	
Reason for recredit (All supporting documentation to be attached)					
Member's signature			Contact phone no.		Date

Part C - For recredit of LSL Commanding Officer's recommendation must be provided (Not required for Annual Leave).

Comments (Comments may be attached separately if insufficient space)					
Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature	Employee ID	Printed name	Rank	Appointment	Date

Part D - Approving Authority

(For recredit of LSL, this section to be left blank and forwarded to MPAC-DS Section for approval processing).

Documentation sighted (eg Copy of form PM 101 for sick leave granted or document recalling the member from leave.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Recredit approved <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ If 'No', state reason					
Signature	Employee ID	Printed name	Rank	Appointment	Date

Part E - Administrative use only (Clerical staff to initial and date)

Recredit recorded on PMKeyS	Employee ID	Initials	Date
Pay action complete	Employee ID	Initials	Date
Travel action complete	Employee ID	Initials	Date