Date

***Strictly private and confidential***

Employee Name

Employee Address

Employee Address

Dear Employee Name**,**

**AGREED LEAVE ARRANGEMENTS**

Further to our discussion, this letter services to confirm the following arrangements - subject to our receipt of a copy of this letter signed by you:

As an alternative to a stand down without pay and/or alternative employment, EMPLOYER agrees to provide you with:

**#OPTION 1** Access to **#** weeks’ of your accrued annual leave at your base rate;

**#OPTION 2** Access to **#** weeks’ of your accrued annual leave at half pay for double the period;

**#OPTION 3** Access to **#** weeks’ annual leave in advance;

**#OPTION 4** Access to **#** weeks’ of your pro-rata accrued Long Service Leave;

Once you have exhausted the above leave, you will commence stand down without pay until further notice.

In the event your employment ceases prior to you having accrued sufficient leave to cover the amount of leave paid to you in advance (the ***Overpayment***):

1. You expressly agree and authorise EMPLOYER to deduct the amount of the Overpayment, from any amounts otherwise payable by EMPLOYER to you in consequence of the cessation of your employment;
2. You expressly acknowledge and agree that:
   1. any balance of the Overpayment not deducted from your wages or termination payments, in accordance with the terms of this agreement constitutes a debt owed and immediately payable to EMPLOYER; and
   2. in the event such debt it is not repaid within # days of a written demand by Employer to do so, shall attract interest on the unpaid amount in accordance with the penalty interest rate set by the Magistrates’ Court of Victoria.

You otherwise acknowledge and agree that you have entered into this agreement freely and not under duress.

This agreement may be amended only in writing signed by or on behalf of the parties, and will otherwise be governed by, construed and taken into effect in accordance with the laws of Victoria.

To signify your acceptance of this agreement outlined above, please sign, date, and return the duplicate of this letter to me.

Yours sincerely,

**#MANAGERFIRSTNAME #MANAGERLASTNAME**

**#MANAGERTITLE**

I acknowledge having received and read this letter and accept the terms and conditions of leave agreement set out herein.

....................................................................... Date: ........./........./.........

Employee Signature

.......................................................................

Employee Name [PRINT]