

Application Form for Parental Leave

Employees intending to take Parental Leave should complete this application form. The Head of School/Unit should complete Part 4 and approve the application. The complete application form (all 3 pages) must be submitted to Employee Relations, HR a minimum of **six weeks** prior to the commencement of leave for final approval.

*Please note ALL FIELDS are Mandatory

In Accordance with the Parental Leave Act, 1998, and Parental Leave (Amendment) Act, 2019

Part 1	Applicant Details
Name:	·
Staff ID:	Contact:
Unit/School:	Grade:
Part 2	Details of Leave
•	st day of leave):
	day of leave):
Return to wor	k date:
Method of tal	king leave – continuous block or reduced working week (please give full details):
Part 3	Child Details
Child's name:	Date of Birth:
Has parental l	eave been taken previously in respect of this child? Yes No
If NO, please	submit child's birth certificate with your application.
'I HAVE READ	AND ACCEPT THE TERMS AND CONDITIONS OF THE PARENTAL LEAVE POLICY'
Signed:	Date:
Annlice	



Part 4 To be completed by Head of School/Unit

The University is committed to supporting parents of young children to achieve an appropriate work-life balance. In this regard appropriate cover for parental leave will be available if required to support parents who wish to take parental leave and remove the disadvantage of increased work burden from colleagues in Schools and Units where a member of staff is taking parental leave.

Please note that cover for pare	ntal leave should ta	e place during the approve	d period of leave.
Is backfill required?	□ Yes	□ No	
If YES , please review the Huma <u>Vacancies</u> and HR in relation to			
<u>OR</u>			
Is pay savings* required?	☐ Yes	□ No	
*Schools/Units may request the discrete piece of work, instead			leave to cover a project or
If YES , please provide details of applicable post and cost centre		, , , , , , , ,	
Post No.:			
Coot Combus.			
1 APPROVE THIS APPLICATION	FOR LEAVE IN ACC	ORDANCE WITH THE PAREN	TAL LEAVE POLICY
Signed:		Date	:
Head of School/Unit	PRINT NA	лE	
Approved:		Date	:
Employee Relations Ma			



	Parental Leave Confirmation Note	
Name:		
PPS Number:		
School/Unit:		
Start Date of Leave:		
End Date of Leave:		
Method of Taking Leave:		
	<u>Employee</u>	
Signature:		
Date:		
	Employee Relations Manager	
Signature:		
Date:		