**Absence/Leave Application Form**

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| **Purpose:** This form must be completed by all employees who wish to apply for any of the leave types listed below.  The information overleaf and the policy relating to the leave you wish to apply for should be read before completing this form. They are available on the HR web site.   * **Please use Block Capitals** * **EMPLOYEE to complete Sections 1, relevant part of Section 2 and Employee’s Declaration on Page 2.** * **Head of department / Managers to complete Declaration and Recommendation.** * **HR Division to complete Declaration** |

1. **Personal Details** – *To be completed by the Employee*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename:** | | | | | | | | **Surname:** |
| **Personnel Number:** |  |  |  |  |  |  |  | **Department / Division:** |
| **E-Mail:** | | | | | | | | **Correspondence address while on Leave:** |
| **Telephone Number:** | | | | | | | |
| **Mobile Number:** | | | | | | | |

1. **Absence Details** *– To be completed by the* ***Employee***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start**  **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **End**  **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

**Select Absence Type:**

**Tick:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **\*Maternity Leave** | **MB2 Form attached:** | **Yes** | |  | | **No** | |  | |
| **Expected Due Date:** | **D** | **D** | | **M** | **M** | **Y** | | **Y** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\*Adoptive Leave** | **AB1 Form Attached:** |  |
| **Name Of Adoption Authority/Agency:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Additional Unpaid Maternity /Adoptive Leave** | **Total No. weeks of unpaid leave:**  *(Maximum of 16)* |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **\*Paternity Leave** | **PB2 Form Attached** | **Yes** | |  | | **No** | |  | |
| **Expected Due Date** | **D** | **D** | | **M** | **M** | **Y** | | **Y** |
| **Doctor Certificate Attached** | **Yes** | |  | | **No** | |  | |

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|  | **Parent’s Leave**  **(As of 1st November 2019)** | **Please note that Parent’s leave is unpaid leave and as such you will not receive payment from the University. You may however apply for Parent’s benefit on-line at** [**www.mywelfare.ie**](http://www.mywelfare.ie)  **Please note that UL’s employee Registered number is 0032116A** | | | | | |
| **Leave Dates** | **From:** | | **To:** | | |
| **Birth Certificate Attached** | **Yes** |  | | **No** |  |

**\*by signing this form, I understand that the University will deduct the value of leave benefit (i.e. Maternity, Adoptive, Paternity) from my salary during this period of leave. I must apply for this benefit directly through the Department of Employment Affairs & Social Protection (www.mywelfare.ie).**

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|  | **Parental Leave**  **(130 days per child - as of 1st September 2020)** | **Childs Name:** |  | | | | | | | | |
| **Date of Birth:** | **D** | **D** | | **M** | **M** | | **Y** | | **Y** |
| **Birth Certificate Attached:** | **Yes** | |  | | | **No** | |  | |
| **Total No. Days Requested:** |  | | | | | | | | |
| **Day(s) of the week Parental Leave to be taken** |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Force Majeure** | **No of days required** |  |
| **Reason for Leave** |  |
| **Total days previously taken** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Career Break** | **Commencement Date** |  |
| **Total Period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Special Unpaid Leave** | **Commencement Date** |  |
| **Total Period** |  |
| **Reason for Leave** |  |

**Employee Declaration:**

I wish to apply for the leave arrangement highlighted in accordance with the University’s terms and conditions of that leave and confirm that I have read, understand and accept the terms which such a request may be approved. I confirm that this information is accurate and correct on the date indicated below and I understand that I must notify the University of any changes to this information.

**Employees Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Department / Manager Declaration:**

I have checked that the start and end dates specified comply with requirements and that the overall period indicated does not exceed that which is allowed under this leave.

I have examined the documentation/information provided and hereby:

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| --- | --- |
| Recommend Approval |  |
| Start Date |  |
| End Date |  |

|  |  |
| --- | --- |
| Do NOT recommend approval |  |
| Reason: | |

**Head of Department / Manager Approval**

**Head of Department / Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean / Divisional Director Approval**

**Dean / Divisional Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If refused please give reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HR Division Use Only**

**Application in Order Yes ⁭ No ⁭**

**HR Approval (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR System updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Benefit Leave Procedures**

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| --- | --- |
| **Maternity Leave/Benefit**  Available to women who are on maternity leave from work and covered by social insurance (PRSI). The entitlement is 26 weeks of maternity leave. A minimum of two weeks must be taken prior to the certified date of confinement.  Six weeks before commencing maternity leave, the employee must complete the Absence/Leave Application Form (available on the HR website) and submit it to the Human Resources Division. At the same time the employee must complete the MB1 Application form for Maternity Benefit and submit the MB2 (Employers Certificate) to HR for completion. This form can be accessed at <https://www.mywelfare.ie>  Each parent is entitled to 2 weeks paid Parent’s leave for a child born or adopted on or after 1 November 2019 as per the Parents Leave and Benefit Act 2019. **This is in addition to existing Maternity Benefits** and **requires a separate application.** Please visit [www.mywelfare.ie](http://www.mywelfare.ie) | **Adoptive Leave/Benefit**  All employees, who are adopting mothers, sole male adopters and in certain circumstances, adopting father and under a contract of employment are entitled to twenty four (24) weeks’ adoptive leave.  As soon as practical but not later than 4 weeks before commencing adoptive leave, the employee must notify the Dean/Head of Department/Manager of his/her intention to take adoptive leave by completing an Absence/Leave Application Form and submitting it to the Human Resources (HR) Division. Before commencing adoptive leave, the employee must complete the AB1 Form and submit it to HR. The AB1 Form can be downloaded from the Department of Social and Family Affairs website.  Each parent is entitled to 2 weeks paid Parent’s leave for a child born or adopted on or after 1 November 2019 as per the Parents Leave and Benefit Act 2019. **This is in addition to existing adoptive Benefits** and **requires a separate application.** Please visit [www.mywelfare.ie](http://www.mywelfare.ie) |
| **Paternity Leave/Benefit**  With effect from 1 September 2016, new parents (other than the mother of the child):  •The father of the child  •The spouse, civil partner or cohabitant of the mother of the child  •The parent of a donor-conceived child  are entitled to paternity leave from employment following birth or adoption of a child. The Paternity Leave and Benefit Act 2016 provides for statutory paternity leave of 2 weeks. The provisions apply to births and adoptions on or after 1 September 2016. You can start paternity leave at any time within the first 6 months following the birth or adoption placement.  Each parent is entitled to 2 weeks paid Parent’s leave for a child born or adopted on or after 1 November 2019 as per the Parents Leave and Benefit Act 2019. **This is in addition to existing Paternity Benefits** and  **requires a separate application.** Please visit [www.mywelfare.ie](http://www.mywelfare.ie) | **Parents Leave/Benefit**  Parent’s leave is a new statutory entitlement for parents. It aims to let working parents spend more time with their baby or adopted child during the first year. Each parent (i.e):  •The mother of the child  •The father of the child  •The spouse, civil partner or cohabitant of the mother of the child  •The parent of a donor-conceived child  is entitled to 5 weeks parent’s leave for a child born or adopted on or after 1 November 2019. This is in addition to existing Maternity and Paternity Benefits.  Parent’s leave is unpaid leave and as such you will not receive payment from the University. You must apply to your employer for parent’s leave at least 6 weeks before you intend to start your parent’s leave, by completing the absence leave application form available on the A to Z of the Human Resources website. You must then apply for Parent’s Benefit directly online at least 4 weeks before you take the leave at [www.mywelfare.ie](http://www.mywelfare.ie) |