**Domestic Violence Leave Application Form**

The Application Form should be fully completed and submitted to the Head of School/Unit for signature as soon as is reasonably practicable prior to or after the absence.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAVE DETAILS**

Start date: \_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Duration (Days): \_\_\_\_\_\_\_\_

No. of days Domestic Violence Leave taken in past 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration I wish to apply for Domestic Violence Leave in accordance with the UCD Policy on Domestic Violence/Abuse and in line with the Work Life Balance Miscellaneous Provisions Act. I confirm that the information provided in the application is true and accurate.

I have not exceeded my entitlement to Domestic Violence Leave

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School/Unit Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this form confidentially to the HR Service Lead Role at the following e-mail address:** hrconfidential@ucd.ie

*This form will be retained confidentially by HR as per the requirements in the legislation.*