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| **UNIVERSITY COLLEGE DUBLIN Notification of Intention to take Parental Leave** | | | |  |
| 1. ***Parental leave requires approval by your Head of School/Unit and HR. Email this completed application form to*** [***hrhelpdesk@ucd.ie***](mailto:hrhelpdesk@ucd.ie) ***along with birth certificate/cert of placement/evidence you are acting in loco parentis, not later than 6 weeks before the proposed commencement date. HR will then send you final confirmation and approval of parental leave by email.*** 2. ***Payroll deduction will be spread over the period of parental leave. Deductions will be made for any public/college holidays falling on your leave day. This is taken as time in lieu as agreed with your School.*** 3. ***If you wish to cease this parental leave agreement, send an email to HRhelpdesk@ucd.ie with your Head of School Approval.*** 4. ***If you wish to make a change to this agreement, cancel as above and send a new parental leave application form.*** 5. ***A copy of the University Parental Leave Policy is available on the UCD HR web site*** [***www.ucd.ie/hr/policies***](http://www.ucd.ie/hr/policies)***.*** 6. ***Parental leave (PL) is granted solely for the purpose of taking care of the child named below. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to serious disciplinary action up to and including dismissal.*** | | | |  |
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| *Under the Parental Leave Act 1998 & 2019, I hereby give notice of my intention to take Parental Leave with the purpose of taking care of my child.* ***A copy of my child’s birth certificate/cert of placement/evidence that I am acting in loco parentis is attached****.*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: |  | Personnel No: | P | | | | School Unit: |  | Head of School Approver: |  | | | | Name of Child: |  | Date of Birth: |  | Age: |  | | Employment Start Date: |  | | | | | | If part-time, please state FTE & work pattern: | |  | | | |   **No of Parental Leave already taken for this child previously**   |  |  |  |  | | --- | --- | --- | --- | | No. of Days with UCD: |  | Days | | | No. of Days with another employer: |  | Days |   **Parental Leave Dates (choose 1 of the 3 types of parental leave below)**   1. **If same day every week please indicate below (minimum ½ day a week)** | | | |  |
| |  |  |  |  | | --- | --- | --- | --- | | Start Date of Leave: |  | Week Commencing:  (enter date of Monday of first week)\* |  | | Finish Date of Leave: |  | Week Ending: (enter date of Sunday of last week)\* |  | | Nominated Day/Pattern: |  | | |  1. **If a specific number of days a month please indicate below (minimum 1 day per month)**  |  |  | | --- | --- | | Start Month of Leave: |  | | Finish Month of Leave: |  | | No of days per month: |  |   This is only used if there is a fixed no of days a month. Nominated day would be agreed with school.   1. **If block leave, please indicate below**  |  |  | | --- | --- | | Start Date of Leave: |  | | Finish Date of Leave: |  |   **Please note the payroll deduction shall be spread over the start and finish period of leave.** | | | | |
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| *I declare that the information given above is accurate and complete and I will adhere to the Parental Leave policy.*   |  |  |  |  | | --- | --- | --- | --- | | **Signature of Employee*:*** |  | *Date:* |  | | **Signature of Head of School:** |  | *Date:* |  | | | | | |