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| **UNIVERSITY COLLEGE DUBLIN****Application for Short Term Unpaid Leave**  |  |
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| ***This form should be used in conjunction with the Application for Short Term Unpaid Leave*** ***(Staff on Probation) policy available on the*** [***UCD HR website***](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=74)***Please return completed form to HR Operations via email,*** ***hrhelpdesk@ucd.ie*** |  |
|  |  |  |  |  |
| **Name:** |  | **Personnel No:** |  |  |
|  |  |  |  |  |
| **School/Unit:** |  | **Approver:** |  |  |
|  |  |  |  |
|  |  |  |  |
| **Proposed Date of Leave From:** |   **/ /**  |  |
|  |  |  |  |
| **Proposed Date of Leave To:** |   **/ /**  |  |
|  |  |  |  |
| **Purpose of Leave:**  |  |
|  |  |
|  |  |  |
|  |  |  |
| *I declare that the information given above is accurate and complete:* |  |
|  |  |  |  |
|  |  |  |  |
| **Signed:** |  | **Date:** |   **/ /**  |  |
|  | Employee |  |  |
|  |  |  |
|  |  |  |
| **Approved:** |  | **Date:** |   **/ /**  |  |
|  | Head of School/Unit |  |  |
|  |  |  |
|  |  |  |
|  |  |  |