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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/!W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=74)  ***Please return completed form to HR Operations via email,*** [***hrhelpdesk@ucd.ie***](mailto:hrhelpdesk@ucd.ie) | | | | | | | | | | | | |  |
|  | | | | |  | |  | | |  | | |  |
| **Name:** | |  | | | | | **Personnel No:** | | |  | | |  |
|  | |  | | | | |  | | |  | | |  |
| **School/Unit:** | |  | | | | | **Approver:** | | |  | | |  |
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| **Proposed Date of Leave From:** | | | | **/ /** | | | | |  | | | | |
|  | | | | |  | |  | | |  | | | |
| **Proposed Date of Leave To:** | | | | **/ /** | | | | |  | | | | |
|  | | |  | | | |  | | |  | | | |
| **Purpose of Leave:** | | |  | | | | | | | | | | |
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| *I declare that the information given above is accurate and complete:* | | | | | | | | | | |  | | |
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| **Signed:** |  | | | | **Date:** | | | **/ /** | | | |  | |
|  | Employee | | | |  | | | | |  | | | |
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| **Approved:** |  | | | | **Date:** | | | **/ /** | | | |  | |
|  | Head of School/Unit | | | |  | | | | |  | | | |
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