

MARRIAGE LEAVE / CIVIL PARTNERSHIP LEAVE APPLICATION FORM

(Under the terms of Department of Education and Science
Memo V7 and Civil Partnership Notice (April 2011))

Completed Document should be submitted to HR Department, Cork ETB Head Office

Name:	Employee No:
Home Address:	Place of Work:
	Grade:

I hereby apply for seven consecutive days Marriage Leave / Civil Partnership Leave
WITH PAY to include date of Marriage / Civil Partnership:

From: _____ To: _____

DATE OF MARRIAGE / CIVIL PARTNERSHIP: _____

I hereby apply for seven consecutive days Marriage Leave / Civil Partnership Leave
WITHOUT PAY immediately following Marriage Leave / Civil Partnership Leave **as
outlined in Memo V7**

From: _____ To: _____

PLEASE FORWARD COPY OF MARRIAGE CERTIFICATE / CIVIL PARTNERHIP
CERTIFICATE WHEN RECEIVED.

Signature of Applicant: _____ Date: _____

Signature of Principal: _____ Date: _____

**Note: Leave is inclusive of the day of marriage/civil partnership and runs concurrently
from this date.**

OFFICE USE ONLY

Date received in Head Office: _____

Entered into Core

Name: _____ Date: _____