



Application Form for Maternity Leave

(Under the terms of Department of Education and Science CL009/2013 & CL0017/2013)

Part 1 (to be completed by applicant)

Section A MATERNITY LEAVE (26 weeks Entitlement from 01.03.07)

Name:	Employee No:
Address:	Place of Work:
	Post Title:

Please note new payment procedure:

PRSI Code A1 Employees: You are to complete Maternity Leave Claim Form available from Department of Social Protection.

Payment of full salary is maintained by Cork ETB paying the balance between social welfare payments and full salary. On this basis Social Welfare is to be retained by you. If you are not entitled to the payment of Maternity Benefit from the Department of Social Protection you are to submit evidence of refusal to the HR Department in order for full salary to be maintained.

Expected Date of Confinement:

Please enclose a Medical Certificate confirming the expected date of confinement

Maternity Leave – From **To:**

(N.B. Birth Certificate of Newborn to be submitted to the Cork Education and Training Board A.S.A.P.)

Section B UNPAID MATERNITY LEAVE (16 weeks Entitlement from 01.03.07)

Will you be availing of Unpaid Leave after the expiration of your Paid Leave?

Yes ☐ No ☐

Should you decide to apply for Unpaid Leave at a later stage you are required to give 6 weeks' notice from day due to return to work, under the terms of Circular 009/2013.

If "YES" please complete (a) or (b) as appropriate:

(a) Unpaid Leave up to 112 Days: Yes ☐ State the number of days

(b) Unpaid Leave to the end of the School Year i.e. 31st August : Yes ☐

If "NO" and you subsequently change your mind, you must notify the Cork ETB, via your Principal, at least 6 weeks before you are due to resume from Paid Maternity Leave.

Section C PARENTAL LEAVE

Will you be applying for Parental Leave after the expiration of your Maternity Leave?

Yes ☐ No ☐

If "YES", please complete "Application Form for Parental Leave".

Signature of Applicant: _____ Date: _____

Part 2 (To be completed by the Principal)

Signature of Principal/ Manager: _____

Contact Tel No: _____ Date: _____

The completed Form should be forwarded to the Cork Education and Training Board, 21 Lavitt's Quay, Cork at least six weeks before the proposed start date of the leave.

OFFICE USE ONLY

Date received in Head Office: _____

Entered into Core

Name: _____ Date: _____