



## Application Form for Parental Leave

(Under the terms of Department of Education and Science CL 17/199, CL0026/2013 & CL0027/2013)

<b>Name:</b>	<b>Employee No:</b>
<b>Home Address:</b>	<b>Section / Work Address:</b>
	<b>Post / Grade:</b>

I hereby make application for Parental Leave in respect of:

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

(The Birth Certificate of the Child, and, where applicable, evidence of the date of the Adoption Order of the Child, or evidence of parent acting in loco parentis should accompany this application).

**Have you previously availed of Parental Leave in respect of the Child above?**

Yes ☐      No ☐

If "Yes", please state the number of Weeks/Days:

### Teachers / SNA's

**I propose to take Parental Leave as follows:**

- a. In one continuous block of 18 weeks ☐
- b. In separate periods of weeks as follows (min of 1 week) ☐

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**All Other Staff**

I propose to take Parental Leave as follows:

- a. In one continuous block of 18 weeks ☐
- b. In separate periods of weeks as outlined below ☐
- c. In separate days over the number of weeks outlined below ☐
- d. In separate ½ days over the number of weeks outlined below ☐

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Employee Declaration:**

I wish to apply for Parental Leave in accordance with the Cork Education and Training Board and confirm that I have read, understand and accept the terms set out in the relevant circulars. I am also aware that any overpayment, which may arise will be repaid to the Cork ETB not later than 31<sup>st</sup> December in the year the overpayment occurs.

I declare that all the information given in the Application is true and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Principal /Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The completed Form should be forwarded to the Cork Education and Training Board, 21 Lavitt's Quay, Cork **(at least 6 weeks before the proposed start date of the leave)**. The return of a copy of this form to the applicant, countersigned by Cork ETB Head Office constitutes confirmation of the leave being granted in accordance with the relevant circular.

**OFFICE USE ONLY**

Date received in Head Office: \_\_\_\_\_

Approved by: \_\_\_\_\_ (HR Manager)

Entered into Core

Name: \_\_\_\_\_ Date: \_\_\_\_\_