

# Parental Leave Application Form – HR 108 (j)

This form is to be used by employees to apply for Parental Leave  
 Please complete in Block Capitals/Tick appropriate boxes

Information will be input on the HR/Payroll System for the purposes of Personnel and Payroll Administration.

## Section 1. To be completed by Employee

Surname:	First Name:								
Grade:	Personnel No:								
Location:	PPS No:								
Name of child:									
Date of birth of child:	D	D	M	M	Y	Y	Y	Y	
Date of adoption order (if applicable)	D	D	M	M	Y	Y	Y	Y	

Please note that this notification should be accompanied by the birth certificate or adoption order of the child.

## Section 2. Please provide details of the maner in which you propose to take Parental leave


## Section 3. Please Give Details of the Duration of the proposed Parental Leave

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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## Section 4. Date on which you propose to commence Parental Leave

Proposed commencement date	D	D	M	M	Y	Y	Y	Y
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## Section 5. Confirmation

I declare the information given above is true and correct. I also declare that I have read and understand all the terms and conditions of the Parental Leave Scheme. I understand that the leave must be used for the purpose for which it is being sought.

Signature	Date	D	D	M	M	Y	Y	Y	Y
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If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: \_\_\_\_\_ Personnel No: \_\_\_\_\_

**Section 4. To be completed by Line Manager**

I have checked the relevant supporting documentation required for the leave requested and confirm that leave approved complies with the terms outlined in the relevant HR policy.

Application Approved (tick box)  OR Application Refused (tick box)

Comments (if application is refused, state reason)

Signature	Date	D	D	M	M	Y	Y	Y	Y
Name (Capitals)	Grade								
Contact Phone No:	Mobile No:								
E-mail Address									

**Section 5. To be Completed by Senior Manager (if Required)**

Signature	Date	D	D	M	M	Y	Y	Y	Y
Name (Capitals)	Grade								
Contact Phone No:	Mobile No:								
E-mail Address									

**Section 6. To be completed by Human Resources Personnel Administration**

Does Incremental Date require amendment	Yes <input type="checkbox"/> No <input type="checkbox"/>	New Date	D	D	M	M	Y	Y	
Is Employee in receipt of Interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stop Interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Payroll notified to cease interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	D	D	M	M	Y	Y	
System Updated by:	Date		D	D	M	M	Y	Y	

Comments

**Section 7. Circulation List**

1	2
3	4
5	6
7	8

## Confirmation Document

**Purpose:** This document is to confirm that both the Line Manager and Employee are agreeable to the taking of Parental Leave over the course of the From and To dates and to the way in which it will be taken, as stated below.

This document must be completed no later than four weeks before the leave is due to begin. Once this document has been signed by both parties, it cannot be altered unless both parties agree. The applicant must be given a copy of this confirmation document.

### Section 1 To be completed by Employee

Surname:	First Name:													
Grade:	Personnel No:													
Location:	PPS No:													
Name of Child														
Date of birth of child	D	D	M	M	Y	Y	Y	Y						
Date of adoption order (if applicable)	D	D	M	M	Y	Y	Y	Y						

### Section 2 Confirmation Agreement

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y								
Agreed manner and duration of Carer's Leave:	<table border="1" style="width:100%; height:150px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																								

### Effective Period of Parental Leave

Date of commencement	D	D	M	M	Y	Y	Y	Y
Date of termination	D	D	M	M	Y	Y	Y	Y

### To Be Completed by Employee

Signature	Date	D	D	M	M	Y	Y	Y	Y
Name (please Print)	Tel No								
e-mail address	Mobile No								

### To be completed by Line Manager on behalf of HSE

Signature	Date	D	D	M	M	Y	Y	Y	Y
Name (please Print)	Tel No								
e-mail address	Mobile No								