

Application Form for Parental Leave

Employees intending to take Parental Leave should complete this application form. The Head of School/Unit should complete Part 4 and approve the application. The complete application form (all 3 pages) must be submitted to Employee Relations, HR a minimum of **six weeks** prior to the commencement of leave for final approval.

*Please note ALL FIELDS are Mandatory

In Accordance with the Parental Leave Act, 1998, and Parental Leave (Amendment) Act, 2019

Part 1	Applicant Details		
Newser			
Name: Staff ID:		Contact:	
Unit/School:		Grade:	

Part 2 Details of Leave

Start Date (first day of leave):	
End Date (last day of leave):	
Return to work date:	

Method of taking leave – continuous block or reduced working week (please give full details):

Part 3 Child Details

Child's name:	Date of Birth:		
Has parental leave been taken previously in respect of the	is child?	□ Yes	🗆 No
If NO, please submit child's birth certificate with your application.			

'I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE PARENTAL LEAVE POLICY'

Signed: _____ Date: _____ Date: _____



Part 4	To be com	pleted by	y Head of School/Unit

The University is committed to supporting parents of young children to achieve an appropriate work-life balance. In this regard appropriate cover for parental leave will be available if required to support parents who wish to take parental leave and remove the disadvantage of increased work burden from colleagues in Schools and Units where a member of staff is taking parental leave.

Please note that cover for parental leave should take place during the approved period of leave.

Is backfill required?	🗆 No
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If **YES**, please review the Human Resources Office Management Guidelines on Cover for Temporary <u>Vacancies</u> and HR in relation to the allocation of a temporary resource if applicable.

OR

Is pay savings* required? □ Yes

*Schools/Units may request the budget pay savings related to unpaid parental leave to cover a project or discrete piece of work, instead of a temporary resource.

If YES, please provide details of work that will be undertaken (i.e. supplier, project proposal), as well as the applicable post and cost centre. Once approved, Management Accounting will transfer budget:

Post No.: Cost Centre:

'I APPROVE THIS APPLICATION FOR LEAVE IN ACCORDANCE WITH THE PARENTAL LEAVE POLICY'

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Head of School/Unit

PRINT NAME

Date: _____

Approved: _____

Employee Relations Manager

Date:



Ollscoil na Gaillimhe University of Galway

	Parental Leave Confirmation Note	
Name:		
PPS Number:		
School/Unit:		-
Start Date of Leave:		
End Date of Leave:		
Method of Taking Leave:		
	Employee	
Signature:		
Date:		
	Employee Relations Manager	
Signature:		
Date:		