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| **UNIVERSITY COLLEGE DUBLIN****Notification of Intention to take Parent’s Leave** |

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| 1. ***Relevant UCD employees who have already availed of Maternity/Adoptive or Paternity Leave may avail of Parent’s Leave for a child born/adopted on or after 1st November 2019.***
2. ***Parent’s Leave entitlement is nine weeks\* in total and must be taken in minimum blocks of at least one week, and within the first 2 years following the birth/placement of your child. (\*Increased from seven weeks from 1 Aug 2024)***
3. ***Applications for Parent’s Leave must be made at least 6 weeks in advance of the date that you wish to avail of the leave.***
4. ***Parent’s Leave is unpaid leave from UCD. Employees who are entitled to the Parent’s Benefit from the Department of Employment Affairs and Social Protection (e.g. Class A PRSI employees) must claim this benefit as outlined on*** [***www.welfare.ie***](http://www.welfare.ie)***.***
5. ***Documents required if not already provided to HR Operations: (i) A copy of the birth certificate (ii) In the case of an adoption, a copy of the certificate of placement is required.***
6. ***If you intend taking Annual Leave following Parent’s Leave, this must be agreed in advance with your Head of School/Unit. Any Public Holidays that occur during Parent’s Leave must be taken as time in lieu which must also be agreed with your Head of School/Unit.***
7. ***This form, and the aforementioned documentation relevant to your Parent’s Leave, should be completed and returned to:*** ***hrhelpdesk@ucd.ie***
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| **To be completed by the employee applying for Parent’s Leave** |
| **Name:**  | **Personnel No: P** |
| **School/Unit:**  | **Approver:** |
| **Name of child:** | **Date of Birth/Date of Placement of child (adoption):** |
| **Date(s) of Parent’s Leave:**

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| **Week 1** | **From: / /**  | **To: / /**  |
| **Week 2** | **From: / /**  | **To: / /**  |
| **Week 3** | **From: / /**  | **To: / /**  |
| **Week 4** | **From: / /**  | **To: / /**  |
| **Week 5** | **From: / /**  | **To: / /**  |
| **Week 6** | **From: / /**  | **To: / /**  |
| **Week 7** | **From: / /**  | **To: / /**  |
| **Week 8** | **From: / /**  | **To: / /**  |
| **Week 9** | **From: / /**  | **To: / /**  |

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| **Signature of Employee:** |  | **Date:** |  |
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| **To be completed by the Head of School/Unit** |
| [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]Do you support this application? Yes No*If no,* *please outline the reason for postponement of this Parent’s Leave application and the agreed revised start date following consultation with employee: (Please refer to Parent’s Leave policy).****Reason for postponement:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Revised Start Date***: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |
| **Signature of Head of School/Unit:** |  | **Date:** |  |