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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***](mailto: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:**   |  |  |  | | --- | --- | --- | | **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: / /** | | | | | | |
| **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:** |  |