|  |  |
| --- | --- |
| https://www.dcu.ie/sites/default/files/marketing/images/dcu_logo_stacked_slate_yellow.png | Parents LeaveApplication Form  |

 ***This form must be completed by the employee and forwarded to the DCU Human Resources Department not later than 6 weeks before the proposed commencement of your Parents Leave****.*

**PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS**

|  |
| --- |
| **FULL NAME:** |
|  |
| **SCHOOL/UNIT:** |
| **DCU STAFF NUMBER:** |
| **CONTACT NO.:** |
| **PPS NO.:** |
|  |
| **DATE OF BIRTH OF CHILD/DATE OF PLACEMENT OF CHILD:****(Please attach copy of the child’s birth certificate)** |
| **PROPOSED COMMENCEMENT DATE:** |
| **PROPOSED DURATION:****(No. of Weeks)**  |
| **CONFIRMATION*****I declare that the information given is accurate and complete.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Employee:** |  | **Date :** |  |

**APPROVAL BY HEAD OF SCHOOL/UNIT** *Prior to approval please discuss the employee’s request for leave with the HR Business Partner. Discussions will include how the unit will cover this period of leave, taking into account that temporary additional resources may not be possible.**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(block capitals) approve that the above named employee has been granted permission by me to commence Parents Leave for the time stated.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Line Manager:** |  | **Date :** |  |

**Approval BY HR OPERATIONS MANAGER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:**  |  | **Date:** |  |

 |