**Absence/Leave Application Form**

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| --- |
| **Purpose:** This form must be completed by all employees who wish to apply for any of the leave types listed below.  The information overleaf and the policy relating to the leave you wish to apply for should be read before completing this form. They are available on the HR web site.   * **Please use Block Capitals** * **EMPLOYEE to complete Sections 1, relevant part of Section 2 and Employee’s Declaration on Page 2.** * **Head of department / Managers to complete Declaration and Recommendation.** * **HR Division to complete Declaration** |

1. **Personal Details** – *To be completed by the Employee*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename:** | | | | | | | | **Surname:** |
| **Personnel Number:** |  |  |  |  |  |  |  | **Department / Division:** |
| **Personal E-Mail:** | | | | | | | | **Correspondence address while on Leave:** |
| **UL Staff Email:** | | | | | | | |
| **Mobile Number:** | | | | | | | |

1. **Absence Details** *– To be completed by the* ***Employee***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start**  **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **End**  **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

**Select Absence Type:**

**Tick:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\*Adoptive Leave** | **AB1 Form Attached:** |  |
| **Name Of Adoption Authority/Agency:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Unpaid Adoptive Leave** | **Total No. weeks of unpaid leave:**  *(Maximum of 16)* |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parental Leave**  **(130 days per child - as of 1st September 2020)** | **Childs Name:** |  | | | | | | | | |
| **Date of Birth:** | **D** | **D** | | **M** | **M** | | **Y** | | **Y** |
| **Birth Certificate Attached:** | **Yes** | |  | | | **No** | |  | |
| **Total No. Days Requested:** |  | | | | | | | | |
| **Day(s) of the week Parental Leave to be taken** |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Career Break**  **(*A Career Break will not be allowed for staff taking up alternative employment within an Irish Public Service Body or another Higher Education Institution in any jurisdiction”)*** | **Commencement Date** |  |
| **Total Period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exam/Study Leave** | **Commencement Date** |  |
| **Total Period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Other (please specify)** | **Commencement Date** |  |
| **Total Period** |  |

**Employee Declaration:**

I wish to apply for the leave arrangement highlighted in accordance with the University’s terms and conditions of that leave and confirm that I have read, understand and accept the terms which such a request may be approved. I confirm that this information is accurate and correct on the date indicated below and I understand that I must notify the University of any changes to this information.

**Employees Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Department / Manager Declaration:**

I have checked that the start and end dates specified comply with requirements and that the overall period indicated does not exceed that which is allowed under this leave.

I have examined the documentation/information provided and hereby:

|  |  |
| --- | --- |
| Recommend Approval |  |
| Start Date |  |
| End Date |  |

|  |  |
| --- | --- |
| Do NOT recommend approval |  |
| Reason: | |

**Head of Department / Manager Approval**

**Head of Department / Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean / Divisional Director Approval**

**Dean / Divisional Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If refused please give reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Division Use Only**

**HR Approval (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note, the following leave types should be applied for on Core Portal via “Employee Requests”**

***Employee led requests***

* **Additional Unpaid Maternity Leave**
* **Maternity Leave**
* **Compassionate Leave**
* **Unpaid Compassionate Leave**
* **Force Majeure**
* **Leave For Medical Care**
* **Marriage Leave**
* **Parents Leave**
* **Part-Time Working Application**
* **Paternity Leave Application**
* **Shorter Working Year**

***Manager Led requests***

**Certified Sick Leave**

**Uncertified Sick Leave.**