

## Reserve Defence Forces Leave Application Form – HR 108 (I)

This form is to be used by employees to apply for Reserve Defence Forces Leave. You must give at least four weeks notice to your employer before commencing leave.

Please complete in Block Capitals/Tick appropriate boxes

| Section 1. To be completed by the employee  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
|---|--|--|--------------------|---------------|-------------|---|--|--|--|--|--|--|--|--|
| Surname:  |  |  |                    |               | First Name: |   |  |  |  |  |  |  |  |  |
| Grade:  |  |  |                    | Personnel No: |             |   |  |  |  |  |  |  |  |  |
| Location:   |  |  |                    | PPS. No:      |             |   |  |  |  |  |  |  |  |  |
| I hereby notify my employer that I wish to apply for Reserve Defence Forces Leave in accordance with the provisions of the HSE Terms and Conditions of Employment (Revised) May 2009 and have included a letter from the Defence Forces confirming the training course dates. |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| From Date   |  |  |                    | To Date       |             |   |  |  |  |  |  |  |  |  |
| Signature:  |  |  |                    | Date:         |             |   |  |  |  |  |  |  |  |  |
| Section 2. To be completed by the Line Manager  I confirm that the above named is entitled to the leave requested and that I have inspected a letter from the Defence Forces confirming the training course dates.  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Application Approved Yes No No  |  |  | If no, give reason |               |             |   |  |  |  |  |  |  |  |  |
| Signature: Date   |  |  | <b>'</b>           |               |             | • |  |  |  |  |  |  |  |  |
| Name (Capitals) Grade   |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Contact Phone No: Mobile No:  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Email Address:  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Section 3. Delegated Officer Approval   |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Name (Print)  |  |  | Signature          |               |             |   |  |  |  |  |  |  |  |  |
| Tel No  |  |  |                    | Date          |             |   |  |  |  |  |  |  |  |  |
| Decision No   |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Section 4. To be completed by Human Resources Personnel Administration  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| System updated by:  |  |  | Name:              |               |             |   |  |  |  |  |  |  |  |  |
| Contact Phone No:   |  |  | Date               |               |             |   |  |  |  |  |  |  |  |  |
| Comments:   |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Section 5. Payroll Section  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Location Code   |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Checked by Payroll  |  |  |                    |               |             |   |  |  |  |  |  |  |  |  |
| Name (Print)  |  |  | Signature          |               |             |   |  |  |  |  |  |  |  |  |
| Tel No  |  |  | Date               |               |             |   |  |  |  |  |  |  |  |  |

| If faxing form please ensure that | the Employee's Name and Personnel Number are included on each page of the form | m |
|-----------------------------------|--|---|
|                                   |  |   |
| Name:                             | Personnel No:  |   |

| Section 6. Circulation List |   |  |  |  |
|-----------------------------|---|--|--|--|
| 1                           | 2 |  |  |  |
| 3                           | 4 |  |  |  |
| 5                           | 6 |  |  |  |
| 7                           | 8 |  |  |  |

## **Explanatory Note on Reserve Defence Forces Leave**

For annual training with the Reserve Defence Forces, an employee will be granted special leave with pay in the following manner:

Attending annual or basic training:

For a course of annual training lasting 7 days – 3 working days

For a course of annual training lasting 14 days – 7 working days

For a course of annual training lasting 21 days – 10 working days

For a course of basic training lasting 14 to 30 days – special leave with pay for 5 working days Attending special training (in addition to the above):

For a course of special training lasting 7 days – 3 working days

For a course of special training lasting 14 days – 6 working days

For a course of special training lasting 21 days – 9 working days

Special leave with pay in addition to the above may also be granted in respect of any time necessarily spent in travelling to and from a course of training.

If further leave is required to complete the training the employee may avail of special leave without pay or annual leave.

These provisions apply to all HSE employees, except those employed on short-term basis i.e. fixed term/temporary employees who are expected to have their employment terminated before the end of six months.

## c.f. Department of Health & Children Circular No. S146/44