

Parental Leave Application Form – HR 108 (j)

This form is to be used by employees to apply for Parental Leave
 Please complete in Block Capitals/Tick appropriate boxes
 Information will be input on the HR/Payroll System for the purposes of Personnel and Payroll Administration.
 Date field format DDMMYY

Section 1. To be completed by the employee																	
Surname:	First Name:																
Grade:	Personnel No:																
Location:	PPS No:																
Name of child:																	
Date of birth of child:																	
Date of adoption order (if applicable)																	
Please note that this notification should be accompanied by the birth certificate or adoption order of the child upon submission to Manager. Subject to GDPR provisions Manager must not retain a copy.																	
Section 2. Please provide details of the manner in which you propose to take Parental leave																	
Section 3. Please Give Details of the Duration of the proposed Parental Leave																	
From										To							
Section 4. Date on which you propose to commence Parental Leave																	
Proposed commencement date																	
Section 5. Confirmation																	
<p>I declare the information given above is true and correct. I also declare that I have read and understand all the terms and conditions of the Parental Leave Scheme. I understand that the leave must be used for the purpose for which it is being sought.</p>																	
Signature										Date							

If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No: _____

Section 6. To be completed by the Line Manager

I have checked the relevant supporting documentation required for the leave requested and confirm that I have noted and returned supporting documentation to applicant

Application Approved (tick box)	OR	Application Refused (tick box)
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I confirm that I have received and returned the birth certificate or adoption order of the child to employee

Comments (if application is refused, state reason)

Signature	Date										
Name (Capitals)	Grade										
Contact Phone No:	Mobile No:										
E-mail Address											

Section 7. Delegated Officer Approval

Name (Print)	Signature										
Tel No	Date										
Decision No.											

Section 8. To be completed by Human Resources Personnel Administration

Is Employee in receipt of Interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stop Interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Payroll notified to cease interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date									
System Updated by:	Date										
Comments											

Section 9. Payroll Section

Location Code											
Checked by Payroll <input type="checkbox"/>											
Name (Print)	Signature										
Tel No	Date										

Section 10. Circulation List

1	2
3	4
5	6
7	8

Confirmation Document

Purpose: This document is to confirm that both the Line Manager and Employee are agreeable to the taking of Parental Leave over the course of the From and To dates and to the way in which it will be taken, as stated below.

This document must be completed no later than four weeks before the leave is due to begin. Once this document has been signed by both parties, it cannot be altered unless both parties agree. The applicant must be given a copy of this confirmation document.

Section 1 To be completed by Employee

Surname:	First Name:										
Grade:	Personnel No: <table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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Date of adoption order (if applicable)	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Section 2 Confirmation Agreement

From	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											To	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Agreed manner and duration of Parental Leave:																							

Effective Period of Parental Leave

Date of commencement	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Date of termination	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

To Be Completed by Employee

Signature	Date	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Name (please Print)	Tel No											
e-mail address	Mobile No											

To be completed by Line Manager on behalf of HSE

Signature	Date	<table border="1" style="display: inline-table; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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e-mail address	Mobile No											