**Application Form for (New) Parent’s Leave**

**(not to be confused with Parental Leave)**

**Please note:** this leave can only be taken in respect of children born/placed for adoption on or after 1st November 2019, and must be taken within 2 years of the birth/placement of the child.

This completed application form must be submitted to Employee Relations, HR Office (email: leaveschemes@universityofgalway.ie) a minimum of **six weeks** prior to the commencement of the leave period, along with:

* a medical certificate confirming the expected date of birth OR a copy of the birth certificate
* in the case of adoption: a copy of the declaration of suitability OR the certificate of placement

**Part 1: Applicant Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Details of Leave**

**Please note:** Parent’s leave can be taken for a maximum period of nine weeks, and must be taken in periods of not less than one week at a time.

Start Date (first day of leave): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date (last day of leave): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Child Details**

Child’s Name (if not yet known, write ‘baby, surname’): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth/Placement, or Expected Date of Birth/Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration/Approval**

**‘I DECLARE THAT I AM A RELEVANT PARENT OF THE ABOVE CHILD AND THAT I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE PARENT’S LEAVE POLICY’**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant*

**‘I APPROVE THIS APPLICATION FOR LEAVE IN ACCORDANCE WITH THE PARENT’S LEAVE POLICY’**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Head of School/Unit PRINT NAME*

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employee Relations Manager*