**Application Form for Paternity Leave**

**In Accordance with the Paternity Leave Act, 2016**

This application must be submitted to Employee Relations, HR Office (email: [leaveschemes@universityofgalway.ie](mailto:leaveschemes@universityofgalway.ie)) at least **6 weeks** before the commencement of the Paternity Leave. If you pay Class A PRSI contributions the [relevant paternity benefit form](https://services.mywelfare.ie/en/topics/parents-children-family/paternity-benefit/) should be submitted to the Department of Social Protection.

**Part 1 Applicant Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**IMPORTANT**: Please note that if your contract of employment is due to terminate during your paternity leave, your entitlement to benefits under the University's contractual schemes will end on the contract end date. However, you will continue to be paid any remaining statutory paternity pay to which you are eligible. Your contract of employment will not automatically be extended because you are on paternity leave.

**Part 2 Child Details**

Expected Due Date/Date of Birth of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Placement (in the case of Adoption) of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to commence my paternity leave on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Paternity leave can begin at the time of the birth/adoption or within 26 weeks of the birth/placement of the child. Paternity leave cannot commence earlier than the expected date of birth or date of placement of the child and cannot commence later than 26 weeks after the date of birth or the date of placement of the child.

**Part 3 Terms and Conditions**

**‘I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE PATERNITY LEAVE POLICY’**

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

*Employee*

**“I APPROVE THIS APPLICATION FOR LEAVE IN ACCORDANCE WITH THE PATERNITY LEAVE POLICY”**

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

*Head of School/Unit PRINT NAME*