

APPLICATION FORM FOR PARENTAL LEAVE

~ PART 1 ~

(TO BE COMPLETED BY THE TEACHER)

SECTION A - PERSONAL DETAILS (BLOCK CAPITALS)

County: _____ Roll No.: _____ School: _____

Surname: _____ First Name(s): _____

Home Address: _____

_____ Contact Tel. No.: _____

PPS No. (formerly known as RSI No.) -

Teacher No: (seven digits, one letter) 9 9 -

Name of child for whom you wish to apply for parental leave: _____

Child's Date of Birth: - - *(Attach child's birth certificate, unless you have previously availed of parental leave for this child)*

Have you previously availed of parental leave? Yes No *(Tick as appropriate)*

Have you previously availed of parental leave in respect of the child named above? Yes No *(Tick as appropriate)*

If "Yes" state:	From	/	/	to	/	/	Total No. of Weeks	<input type="text"/>	<input type="text"/>	
	From	/	/	to	/	/	Total No. of Weeks	<input type="text"/>	<input type="text"/>	
	From	/	/	to	/	/	Total No. of Weeks	<input type="text"/>	<input type="text"/>	
	From	/	/	to	/	/	Total No. of Weeks	<input type="text"/>	<input type="text"/>	
								OVERALL TOTAL	<input type="text"/>	<input type="text"/>

SECTION B - PROPOSED PERIOD OF PARENTAL LEAVE

1. Proposed start date of parental leave: - -

2. Proposed end date of parental leave: - -

3. State the number of weeks in total excluding vacation days etc. _____

SECTION C - CERTIFICATION

I certify that the information which I have given in this application form is true and complete.

I have read the Parental Leave Circular 1/99, and I agree to abide by the requirements of this Circular. I understand that any incorrect or inaccurate information supplied by me in this form shall render my application null and void.

Signature: _____ Date: - -

~ PART 2 ~

(TO BE COMPLETED BY THE CHAIRPERSON OF THE BOARD OF MANAGEMENT)

SECTION A - SCHOOL CLOSURES

State each school closure (other than exceptional closures under Rule 60 of the Rules for National Schools) which will overlap with the period of parental leave and which will be added to the end of the parental leave period as leave-in-lieu. Please also state the school closures which will overlap with the period of leave-in-lieu (if any).

From	To	Number of Days	Rule No.
/ /	/ /		
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SECTION B - APPROVAL FOR PARENTAL LEAVE

The Board of Management of _____ National School, roll number _____, has approved this application for parental leave as detailed in Part 1 of this form.

An application for parental leave which is approved by the Board of Management and signed by the Chairperson of the Board shall be regarded as a confirmation document in compliance with paragraph 5.3 of Circular 1/99. A copy of the completed form should be given to the teacher while the original form should be forwarded to the **Primary Payments Branch, Department of Education and Science, Cornamaddy, Athlone, Co. Westmeath** at least four weeks before the proposed start date of the leave.

Signature of Chairperson: _____

Address: _____

Contact Telephone No.: _____

Date: - -

NOTE: A Board of Management which decides that a teacher is ineligible for parental leave or decides to postpone parental leave should inform the teacher of same in writing at least four weeks before the proposed start date of the leave. **Only applications which have been approved by the Board should be forwarded to the Department.**