

Appendix A - Application for Unpaid Leave for Medical Care Purposes

The Application Form should be fully completed and submitted to the employer as soon as is reasonably practicable after the absence.

PART 1A – TEACHER APPLICATION

Teacher’s Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____ Roll No: _____

PART 1B – LEAVE DETAILS

Start date: _____ End date: _____ Duration (Days): _____

No. of days Unpaid Leave for Medical Care Purposes taken in past 12 months: _____

I hereby apply for Unpaid Leave for Medical Care Purposes for the following reason:-

Declaration

I wish to apply for Unpaid Leave for Medical Care Purposes in accordance with Circular 0050/2023. I confirm that the information provided in the application is true and accurate.

I have not exceeded my entitlement to Unpaid Leave for Medical Care Purposes, as detailed in Circular 0050/2023.

Signature of Teacher: _____ Date: _____

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable your Unpaid Leave for Medical Care Purposes application to be processed. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this Application Form can be found on gov.ie. Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on gov.ie. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions Section, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X659, or teachersna@education.gov.ie, upon request.

PART 2– EMPLOYER DECISION

I certify that I have approved/refused the Unpaid Leave for Medical Care Purposes in accordance with Circular 0050/2023. The following documents have been retained on file for audit purposes:

1) Application for Unpaid Leave for Medical Care Purposes under Circular 0050/2023

2) Copy of Decision Notice issued to teacher

Approved Unpaid Leave for Medical Care Purposes has been recorded on the OLCS/relevant ETB system

Signature: _____ Date: _____
(Employer)

Application Form/Supporting Documentation should NOT be submitted to the Department of Education. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.