Appendix A –Application Form for Maternity Leave

Application Form for Maternity Leave

The Application Form should be fully completed and submitted to the employer at least 6 weeks prior to the planned commencement date.

If the teacher pays Class A PRSI contributions, completed MB 1 & 2 Forms should be submitted to the DEASP. This Form is available from the DEASP or online at: www.welfare.ie. Online applications for Maternity Benefit may also be made at https://services.mywelfare.ie/.

PART 1A – TEACHER APPLICATION

Teacher's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____Roll No: _____

APPLICATION IN RESPECT OF: (*Please tick as appropriate*)

□ Maternity Leave (26 weeks)

□ Statutory Additional Unpaid Maternity Leave (up to maximum of 16 weeks)

□ Non-Statutory Additional Unpaid Maternity Leave (up to end of school year i.e. 31st August)

PART 1B – MATERNITY LEAVE DETAILS

Expected Date of Birth (EDB): _____/_____/_____

(Medical Certificate must be enclosed confirming expected Date of Birth)

- **Maternity Leave:**

    From_____to _____ (enter inclusive dates)

- **Statutory Additional Unpaid Maternity Leave:**

    From _____to _____ (enter inclusive dates)

- **Non-Statutory Additional Unpaid Maternity Leave:**

    From _____to _____ (enter inclusive dates)

Declaration

I wish to apply for Maternity Leave in accordance with the Maternity Leave Scheme as set out in Circular 0054/2019 titled '*Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools'*.

I confirm that the information provided in the application is true and accurate.

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 Maternity Leave 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 at: https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html 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 at https://www.education.ie/en/The-Department/Data-Protection/. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath, N37 X659, upon request.

PART 2 – EMPLOYER DECISION

I certify that I have approved/refused (delete as appropriate) the Maternity Leave in accordance with the Maternity Leave Scheme as set out in Circular 0054/2019 titled *'Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools'.* The following documents will be retained for audit purposes*:*

1) Application for Maternity Leave ☐

2) Medical Certificate showing expected Date of Birth ☐

3) Copy of Decision Notice issued to teacher ☐

Approved Leave 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 and Skills. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.

Appendix B – Maternity Leave Recording Procedures

Procedures relating to the Recording of Maternity Leave on the OLCS

1) Click Add under Leave on the OLCS menu

2) Enter start and end date of the leave
   - Click Next

3) Select the staff member on leave
   - Select the leave category – Family Leave and
   - Select the leave sub category – Maternity Leave
   - The total number of days in the range should read 182 (26 weeks) in respect of Maternity Leave.
   - Click Next

4) Enter the expected date of birth
   - Verify MB 1 & 2 Forms certification

Information to Assist Employers in the Completion of the MB 2 Forms

➢ A list of the PRSI weeks for the current and previous year is displayed on OLCS to assist in the completion of the employer's section of the MB 1 & 2 Forms.

➢ Where the total number of PRSI weeks is 52 for the previous tax year and the teacher has been in continuous employment since then, the total number of weeks to be entered is 52. If the total number of weeks is less than 52 and the teacher has a contract to the start date of her Maternity Leave, the total number of weeks is the sum of PRSI weeks in the previous tax year plus the PRSI weeks in the current tax year to the start date of her Maternity Leave.

➢ Enter the appropriate Employers Registered Number, sign, date and stamp accordingly.

   Employer Register Number for Post Primary Teachers is 0081300S

   Employer Register Number for Primary Teachers is 4000099H

   - Click on Add Certificate
   - Enter start and end date of the Certificate (This date must match the Start and End date of the Maternity Leave)
   - Click Add (A Certificate number is generated which should be recorded on the back of the application and filed)
   - Click Next
   - Click Add, A confirmation message is displayed.

Note: Additional Maternity Leave (Unpaid)

It is important to note the Additional Unpaid Maternity Leave cannot be entered on OLCS until the next working day subsequent to the notification of Maternity Leave. The Paymaster must first verify the Maternity Leave in order to commence deductions from salary.