**Application for TCD Maternity Leave**

**(Under Maternity Leave Act 1994 and 2004)**

1. **Please ensure that you have read the University Maternity Leave Policy, before completing this form. A copy of this policy is available on the TCD HR website** <https://www.tcd.ie/hr/assets/pdf/procedure23-maternity-leave.pdf>
2. **Please note that any public/college holidays, which fall during the period of maternity leave, both paid and unpaid, will be added on to the end of the period.**
3. **If you intend taking annual leave following maternity leave, this must be agreed with the Head of School.**
4. **This form should be completed in full and emailed to** [**dunnemj@tcd.ie**](mailto:dunnemj@tcd.ie) **(in typed format) after 24th week of pregnancy but not later than 32nd week of pregnancy**

**Section 1 – To be completed in full by staff member**

**STAFF DETAILS**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PPS No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_\_\_

If part-time or job sharing please state pattern of working week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MATERNITY LEAVE REQUEST DETAILS**

Date Baby is Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach signed doctor’s cert to this form – MB3 form is not to be used)

\*Proposed start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Example of start date for Maternity leave: if baby is due on Wednesday, 6 November 2019, the latest date the employee should commence maternity leave is Monday, 28 October 2019.

If you are not an EU resident please advise below if you will be residing outside of Ireland for any period of your maternity leave

Date From \_\_\_\_\_\_\_\_\_\_\_\_ Date to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Weeks outside of Ireland \_\_\_\_

**STAFF SIGNATURE – I declare that the information given above is accurate and complete**

And

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

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

**Section 2: To be Completed by Head of School/ Area**

**AUTHORISED SIGNATORY**

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

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

**NOTE**

**Please ensure to enclose correct signed doctor’s certificate**

Incomplete applications will **NOT** be processed and will be returned to the applicant.