**Unpaid Leave Application Form**

**Section 1- To be completed by Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant : |  | Staff Number: |  |
| Department: |  | Email: |  |
| Start Date of unpaid leave: |  | Return to work date: |  |

Purpose of the leave:

|  |
| --- |
|  |

I agree to the terms and conditions as laid out in the University’s Special Leave of Absence Policy.

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |

**Section 2: To be completed by Head of School or Head of Administrative & Services Area**

|  |  |
| --- | --- |
| I recommend that be granted unpaid leave for the duration of | |
| Signature |  |
| Please Print Name |  |
| Date |  |

Is a replacement required for this post? Y / N

If yes, please specify details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Grade: |  | Duration: |  |

Please note any vacancies advertised as a consequence of facilitating this leave will be filled on a specified purpose, fixed term contract basis, for the maximum duration of the leave. Please liaise with the recruitment section of Human Resources for the filling of any vacancies.

**Section 3: To be completed by the Faculty Dean/Divisional Chief Officer (where leave exceeds 6 months)**

I note and approve the above unpaid leave as specified above and approve the consequential filling of the vacancy as outlined (if applicable)

|  |  |
| --- | --- |
| Signature |  |
| Please Print Name |  |
| Date |  |

Please return this form to the HR Service Centre, Human Resources, House 4, Trinity College Dublin, the University of Dublin.