Special Unpaid Leave for a Career Break Application Form

Name of Applicant: Staff Number:

Department:

Start Date of Career Break:

Proposed End date of Career Break:

Return to work date:

Duration of Career Break:

Any previous Career Breaks: If Yes, for how long? Purpose of the Career Break: I

agree to the terms & conditions as laid out in the University’s Career Break Policy:

Date:

I recommend that be granted a Career Break as outlined above

Signature:

Date:

**Please Print Name:**

Is a replacement required for this post?

Yes/No

If Yes, please specify details

Section 1:

To be completed by the Applicant in full

Section 2:

To be completed by Head of School or Head of Administrative & Services Area

Section 3:

I note and approve the above Career Break as specified above and approve the

consequential filing of the vacancy as outline above (if applicable)

Signature:

Date:

**Please email to :** [**hr@tcd.ie**](mailto:hr@tcd.ie)

To be completed by the Faculty Dean/Divisional Chief Officer