**SPECIAL LEAVE OF ABSENCE (INCL. UNPAID LEAVE) APPLICATION FORM**

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

|  |  |
| --- | --- |
| **Name of applicant:** |  |
| **Staff Number:** |  | **Email:** |  |
| **Department:** |  |
| **Type of leave/Purpose of the leave:** |  |
| **Start date of leave:** |  | **End date of leave:** |  |
| **Return to Work date:** |  |  |

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 Area**

I note and approve the unpaid leave as specified above:

|  |  |
| --- | --- |
| **Signature** |  |
| **Please print name** |  |
| **Date** |  |

## **Section 3: To be completed if a replacement is required**

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 or fixed term contract basis, for the maximum duration of the leave. Please liaise with the HR Business Partner for your area and with the Recruitment section of Human Resources for the filling of any vacancies.

## **Section 4: To be completed by the Faculty Dean/Divisional Chief Officer where leave exceeds 6 months**

I note and approve the 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** hr@tcd.ie

Incomplete applications will be returned and not processed.