

**PARENTAL LEAVE APPLICATION FORM: HR-GEN-008-F**

**PART A: NOTIFICATION**

**Notice to Employer of Intention to take Parental Leave**

This form must be completed no later than six weeks before the commencement of the leave.

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

Commencement Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Proposed Date of Commencement of Parental Leave: \_\_\_\_\_

Proposed Duration of Parental Leave: \_\_\_\_\_ Weeks \_\_\_\_\_ Days \_\_\_\_\_ Hrs

Manner in which to be taken: \_\_\_\_\_

(Please provide a brief description.) \_\_\_\_\_

Proposed Date of return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach with this form a copy of the Birth Certificate/ Adoption Order.

From 1<sup>st</sup> September 2020 an employee is entitled to a maximum of 26 weeks' unpaid parental leave in any one year in any one year, unless otherwise agreed with the employer. Parental leave is granted solely for the purpose of taking care of the above named child. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to disciplinary action up to and including dismissal.

I declare that the information given above is accurate and complete.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: CONFIRMATION OF PARENTAL LEAVE**

To be completed by the Employer, not later than four weeks before the commencement of the leave.

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Approved Date of Commencement of Parental Leave: \_\_\_\_\_

Duration of Parental Leave: \_\_\_\_\_ Weeks \_\_\_\_\_ Days \_\_\_\_\_ Hours

Manner in which to be taken: \_\_\_\_\_  
(Please provide a brief description)

Cessation of Parental Leave: \_\_\_\_\_

Signature of Employer/Manager: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFICATION TO HUMAN RESOURCES/FINANCE**

**PART C: POSTPONEMENT BY THE ROTUNDA HOSPITAL**

To be completed by the Rotunda Hospital, not later than four weeks before the commencement of the parental leave concerned. The postponement may be for a period not exceeding six months, to a date agreed on by the hospital and the employee.

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Grounds for Postponement: \_\_\_\_\_

Signature of Employer/Manager: \_\_\_\_\_ Date \_\_\_\_\_

Approved Date of Commencement of Parental Leave: \_\_\_\_\_

Manner in which to be taken: \_\_\_\_\_

Duration of Parental Leave: \_\_\_\_\_ Weeks \_\_\_\_\_ Days \_\_\_\_\_ Hours

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_