

PARENTS LEAVE APPLICATION FORM (PPGS-HR-12-F)

APPENDIX A

PART A: NOTIFICATION

Notice to Employer of Intention to take Parents 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 Parents Leave: _____

Proposed Date of return to work: ____/____/____

Proposed Duration of Parents Leave: Please tick box

(a) Continuous period of seven weeks

(b) One week

If taking one week blocks, please specify the dates below:

Week 1: From: _____ To: _____

Week 2: From: _____ To: _____

Week 3: From: _____ To: _____

Week 4: From: _____ To: _____

Week 5: From: _____ To: _____

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Week 6: From:

To:

Week 7: From:

To:

Name of Child: _____

Date of Birth of Child: ____/____/____

Please also attach the following:

In the case of a birth:

- A copy of the medical certification as provided by the mother to her employer or other appropriate certificate from a registered medical practitioner confirming the pregnancy and specifying the expected date of birth of the child concerned, or
- A copy of the birth certificate where notification is given after the birth.

In the case of an adoption:

- A copy of the placement certificate where notification is given after the day of placement,
- In the case of an intercountry / foreign adoption, a declaration of suitability and eligibility prior to the day of placement followed by written confirmation of the placement.

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

Signature of Employee: _____ Date: _____

PART B: CONFIRMATION OF PARENTS LEAVE

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

Name of Employee: _____

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Address of Employee: _____

PPS Number: _____

Approved Date of Commencement of Parents Leave: _____

Proposed Duration of Parents Leave: Please tick box

(a) Continuous period of seven weeks

(b) One week

Cessation of Parents Leave: _____

Signature of Head of Department/Line Manager: _____

Signature of Employee: _____ Date: _____

NOTIFICATION TO HUMAN RESOURCES

PART C: POSTPONEMENT BY THE ROTUNDA HOSPITAL

The Rotunda Hospital is required to give written notice of postponement to the employee not later than 4 weeks before the requested date for beginning the period of parent's leave. The postponement cannot go beyond 12 weeks after the date of commencement specified in the employee's notification and the new date should be agreed between the Rotunda Hospital and the employee.

Name of Employee: _____

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Address of Employee: _____

PPS Number: _____

Grounds for Postponement: _____

Signature of Head of Department/Line Manager: _____ Date _____

Approved Date of Commencement of Parents Leave: _____

Proposed Duration of Parents Leave: Please tick box

(a) Continuous period of seven weeks

(b) One week

Signature of Employee: _____ Date: _____

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