

Appendix A Application Form for Parental Leave

Application Forms/Supporting Documentation should NOT be submitted to the Department of Education and Skills. This Application Form should be fully completed and retained in the school/ETB with any other relevant documentation for record and audit purposes.

(TO BE COMPLETED BY TEACHER)

School: _____ Roll No. _____

Name: _____

Home Address: _____

Telephone No: _____

PPSN:										
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I hereby make application for Parental Leave in respect of:

Name of Child: _____ Date of birth: _____

(The birth certificate of the child and, where applicable, evidence of the date of the adoption order of the child, or evidence of parent acting in loco parentis should accompany this application)

Have you previously availed of Parental Leave in respect of the child above? Yes No

If yes please state the number of weeks: _____

I propose to take Parental Leave as follows:

Please tick

In one continuous block of 18 weeks

In separate periods of weeks as follows:

Dates of Parental Leave as follows:

From – To:	From – To:	From – To:

I hereby confirm that the information recorded in this document is true and accurate and my application for Parental Leave is submitted in accordance with the regulations and procedures of the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2*.

Signature of Teacher: _____ Date: _____

Appendix B

Confirmation Document for Parental Leave

Application Forms/Supporting Documentation should NOT be submitted to the Department of Education and Skills. This Application Form should be fully completed and retained in the school/ETB with any other relevant documentation for record and audit purposes.

(TO BE COMPLETED BY THE EMPLOYER AND TEACHER)

I hereby confirm that Parental Leave has been granted to:

Name of Teacher: _____

PPSN:											
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In respect of:

Name of Child _____ Date of Birth: _____

Parental Leave has been granted in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2* as follows:

From – To:	From – To:	From – To:

Signature of Teacher: _____ Date: _____

Signature of Employer: _____ Date: _____

Following signing, no amendment can be made to the confirmation document without the agreement of both parties.

This document should be retained on the teacher’s personnel file and a copy retained by the teacher.

Appendix A

Application Form for Maternity Protection Entitlements

Application Forms/Supporting Documentation should NOT be submitted to the Department of Education and Skills. This Application Form should be fully completed and retained in the school/ETB with any other relevant documentation for record and audit purposes.

This form can be used to apply for Maternity and/or statutory and/or non-statutory unpaid Maternity Leave. It should be completed and submitted at least 6 weeks before the leave is due to commence.

If the applicant pays Class A PRSI contributions a completed MB 1 & 2 Forms should be submitted to the DSP. This Form is available from the DSP or online at: www.welfare.ie

APPLICATION IN RESPECT OF:

Maternity Leave Statutory Unpaid Maternity Leave Non-Statutory Unpaid Maternity Leave

Please tick as appropriate:

Name: _____ School: _____

Roll No: _____ Contact No: _____ PPSN: _____

Expected date of birth (EDB) ____/____/____

(Medical certificate must be enclosed confirming expected date of birth)

I wish to commence my Maternity Leave on ____/____/____

State the number of days statutory additional unpaid Maternity Leave that are to be taken (if any):

_____ (Consecutive days and to include weekends)

Statutory Additional Unpaid Maternity Leave from _____ to _____ (enter inclusive dates)

A teacher on completion of Maternity Leave and statutory additional unpaid Maternity Leave may apply for non-statutory additional unpaid Maternity Leave to the end of the school year'.

Non-Statutory Additional Unpaid Maternity Leave to the end of the school year from _____ to 31st August _____.

I wish to apply for the above leave in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2*.

Signature of teacher: _____ Date: _____

Approval and Verification by Employer

I certify that I have approved the above leave in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2* and I have retained on file the following documents for audit purposes:

- 1) All applications for Maternity Leave entitlements.
- 2) Certificate showing expected date of birth.
- 3) A copy of the completed MB1 and 2 Forms

Signature: _____ Date: _____
(On behalf of Employer)

APPENDIX A

Application Form for Job Sharing

Application Forms/Supporting Documentation should NOT be submitted to the Department of Education and Skills. This Application Form should be fully completed and retained in the school/ETB with any other relevant documentation for record and audit purposes.

Part 1 (A separate form must be completed by each Job Sharing applicant)

Name	
Home Address	
Contact Telephone No.	
E-Mail Address	
PPSN	
Teaching Council Registration Number	
Length of continuous service with current employer	
In case of Fixed Term Teachers, contract end date	
School Name & Address	
School Roll Number	

Part 2 – Options for Job sharing Arrangement

Please indicate which Job Sharing Options you wish to apply for

Please Tick ✓

- Application to share a wholetime post with another teacher in the same school

Name of other Teacher: _____

- Application to share a wholetime post with another teacher through an Interschool Job Sharing Arrangement (primary schools only)

Name of other Teacher: _____

Name of other School: _____

Roll No of other School: _____

- Application to share a wholetime post with a replacement teacher. (The replacement teacher to be recruited by my employer)

- Application to reduce hours of teaching that are less than wholetime hours to Job sharing hours and the school is requested to recruit a teacher for the balance of the available hours.

Part 3 – Details of Proposed Job Sharing Arrangement

Proposed start date of Job Sharing Arrangement: _____

Please Tick

- ✓

I, the undersigned:

- wish to apply for job sharing in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2*.
- I consent to the transfer of the personal information provided by me on this application form to the partner school involved in the proposed job sharing arrangement
- I declare that the information which I have given in this Application Form is true and accurate.

Signature of Teacher (Named in Part 1): _____

Date: _____

Part 4 (must be completed by the Employer(s))

NOTE: The following information should be noted before completion. On the basis of the information contained in Part 1 of the completed application form, Employer(s) should determine whether the teachers satisfy the eligibility criteria in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2*.

1. The decision to approve a Job Sharing Arrangement rests solely with the Employer (s)
2. The Employer(s) should inform the teachers of their decision in writing at the earliest possible date but no later than 1st March.
3. If the Employer(s) approves the teacher's application they should
 - (a) complete Part 4 of this application form and retain this in the host school/ETB and
 - (b) list the names of all teachers approved for job sharing on the annual change of staff form/relevant ETB system.

Please Tick - ✓

I, the undersigned declare:

- that I have examined and approved this Job Sharing Application.
- that the applicant meets the eligibility criteria in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2* and the regulations and procedures set out have been adhered to.
- that I have informed the teacher of the decision in writing.

Name: _____ (In Block Capitals)

Signature of Employer (Host School) _____

Address: _____

Date: _____

I, the undersigned declare:

- that I have examined and approved this Job Sharing Application.
- that the applicant meets the eligibility criteria in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2* and the regulations and procedures set out have been adhered to.
- that I have informed the teacher of the decision in writing.

Name: _____ (In Block Capitals)

Signature of Employer (Other School) _____

Address: _____

Date: _____ *

The second signature is only required in respect of an Interschool Job Sharing Arrangement (primary schools only).

Appendix A
Application Form for Paternity Leave

Application Forms/Supporting Documentation should NOT be submitted to the Department of Education and Skills. This Application Form should be fully completed and retained in the school/ETB with any other relevant documentation for record and audit purposes.

This form should be completed within 7 days of commencement of the Paternity Leave.

If the applicant pays Class A PRSI contributions a completed PB1 Form should be submitted to the DSP.

To be completed by the Relevant Parent:

Name: _____ Contact No: _____

Roll No: _____ School: _____

PPSN: _____

Date of Birth of the child: ____/____/____

Date of Placement of the child: ____/____/____
(in the case of adoption)

I wish to commence my paternity leave on: ____/____/____ to ____/____/____

I wish to apply for the above leave in accordance with the scheme as set out in *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2*.

Signature of Relevant Parent: _____ **Date:** _____

Approval and Verification by Employer

I certify that I have approved the above leave in accordance with the scheme as set out in the *Terms & Conditions of Employment for Registered Teachers in Recognised Primary and Post Primary Schools – Edition 2* and I have retained on file the following documents for audit purposes:

- 1) Written notification of intention to take Paternity Leave and relevant certification:
- 2) Application for Paternity Leave:
- 3) Certificate showing date of birth/placement of the child:

Signature: _____ **Date:** _____
(On behalf of Employer)