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| **APPLICATION FOR PREGNANCY LOSS LEAVE TO BE COMPLETED BY THE EMPLOYEE, APPROVED BY THE HEAD OF THE DEPARTMENT AND SUBMITTED TO THE PEOPLE AND CULTURE DEPARTMENT** |
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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Staff No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| No. of days requested **with** pay: \_\_\_\_\_\_\_\_\_\_\_\_ (Up to a maximum of 10 days)  |  |
| **Dates** (Quote first day - last day) |
| From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature-Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **PLEASE NOTE:**a) Policies are available at <https://www.ucc.ie/en/hr/policies/> |
| b) All applications for leave are subject to the approval of the Head of Department. |
| c) The Pregnancy Loss Leave form should be submitted by the applicant within 2 weeks of returning to work. |

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