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| **APPLICATION FOR FERTILITY LEAVETO BE COMPLETED BY THE EMPLOYEE, APPROVED BY THE LINE MANAGER AND SUBMITTED TO THE DEPARTMENT OF HUMAN RESOURCES** |
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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Staff No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| No. of days requested **with** pay: \_\_\_\_\_\_\_\_\_\_\_\_ ( Maximum 5 days per cycle(  |  |
| **Dates** (Quote first day - last day)  |
| From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Block capitals please) |  |
| Signature-Line Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Block capitals please) |  |

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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 line manager. Approved forms to be submitted to the Leave Adminstrator, Department of Human Resources.  |
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