



Maynooth University Maternity Leave Application Form

TO BE COMPLETED BY THE EMPLOYEE:

I, _____, wish to claim 26 weeks Maternity Leave in accordance with the General Rules Governing Maternity Leave.

I enclose a medical certificate / letter confirming my pregnancy and stating the expected date of my confinement.

Expected Date of Confinement: ____/____/____ (DD/MM/YY)

Proposed Date of Commencement of Maternity Leave: ____/____/____ (DD/MM/YY)

Unpaid Maternity Leave:

I wish to avail of additional Maternity Leave without pay: Yes / No

Amount of additional Maternity Leave without pay (maximum of 16 weeks): ____ weeks

Parent's Leave:

I wish to avail of Parent's Leave without pay: Yes / No

Amount of Parent's Leave without pay (maximum of 7 weeks): ____ weeks

Annual Leave:

I wish to take ____ day(s) annual leave at the end of my maternity leave.

Please indicate if this is annual leave remaining for the current year or will be taken from next year's annual leave: ____ Current Year ____ Next Year

Teaching Free Period / Research Exclusive Period:

Under the Athena Swan initiative, Academic staff with both teaching and research responsibilities may avail of a teaching free / research exclusive period of up to 3 months immediately following their maternity leave. Further details are available on the [Human Resources website](#).

I wish to avail of a teaching free / research exclusive period immediately following my maternity leave:

Yes / No

Duration (max 3 months): _____ months **or** _____ weeks



**Maynooth
University**
National University
of Ireland Maynooth

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Maternity Benefit and Parents Benefit:

Please visit the MyWelfare website (www.mywelfare.ie), where you can apply online for maternity benefit and parents benefit. In respect of maternity benefit, the Human Resources Office will complete Form MB2 separately and submit it directly to the Maternity Benefit Section of the Department of Employment Affairs and Social Protection.

TO BE SIGNED BY:

Employee signature: _____ **Date:** _____

Head of Department:

I have been informed that the above-named employee will be absent during the period stated above.

Head of Department signature: _____ **Date:** _____

Print Name: _____

Please return this form together with the additional documentation outlined above to:
humanresources@mu.ie or by post to Human Resources Office, Riverstown Lodge, South Campus