



Maynooth University Parents Leave Application Form

Applications must be submitted at least 6 weeks in advance of the proposed start date of the parents leave.

TO BE COMPLETED BY THE EMPLOYEE:

Employee: _____ **Staff No:** _____

Department: _____

Name of Child: _____ **Date of Birth:** ___/___/___

Periods of Parents Leave already taken in respect to this child:

(with Maynooth University): _____

(with another employer): _____

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

Amount of Parent's Leave without pay (maximum of 7 weeks): _____ weeks
(Parents leave can taken as one continuous period or separate periods of not less than one week)

Proposed Commencement Date: ___ / ___ / _____

Parents Benefit:

Please visit the MyWelfare website (www.mywelfare.ie), where you can apply online for Parents Benefit to 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:** _____

Head of Department (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