

Maynooth University Paternity Leave Application Form

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

TO BE COMPLETED BY THE EMPLOYEE:

I, _____, wish to claim 2 weeks Paternity Leave

Expected Date of Confinement **or** Date of Birth (*where application for paternity leave is being made following the birth*) **or** Date of Placement (*in the case of adoption*): ____/____/____ (DD/MM/YY)

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

I enclose a medical certificate stating the expected date of confinement or a copy of the Birth Certificate (where application for paternity leave is being made following the birth) or Certificate of Placement (in the case of adoption)

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

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

Annual Leave:

I wish to take ____ day(s) annual leave following the period of statutory leave.

Paternity and Parents Benefit:

Please visit the MyWelfare website (www.mywelfare.ie), where you can apply online for Paternity Benefit and Parents Benefit. In respect of Paternity Benefit, the Human Resources Office will complete Form PB2 separately and submit it directly 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