

APPLICATION FOR PARENTAL LEAVE

(TO BE COMPLETED BY THE SPECIAL NEEDS ASSISTANT)

School: _____ Roll No. _____

Name: _____

Home Address: _____

Telephone No: _____

PPSN:

--	--	--	--	--	--	--	--

I hereby make application for parental leave in respect of:

Name of Child: _____ Date of birth: _____

(The birth certificate of the child and, where applicable, evidence of the date of the adoption order of the child, or evidence of parent acting in loco parentis should accompany this application)

Have you previously availed of parental leave in respect of the child above?

Yes ☐ No ☐

If yes please state the number of weeks: _____

I propose to take parental leave as follows:

Please tick

- ☐ In one continuous block of 18 weeks
- ☐ In separate periods of weeks as follows:

Dates of parental leave as follows:

From – To:	From – To:	From – To:

I hereby confirm that the information recorded in this document is true and accurate and my application for parental leave is submitted in accordance with the regulations and procedures set out in circular letter [0027/2013](#).

Signature of Special Needs Assistant: _____ Date: _____

On completion please forward this Application Form to your employer

Appendix B

CONFIRMATION DOCUMENT FOR PARENTAL LEAVE

(TO BE COMPLETED BY THE EMPLOYER AND SPECIAL NEEDS ASSISTANT)

I hereby confirm that parental leave has been granted to:

Name of Special Needs Assistant: _____

PPSN:

--	--	--	--	--	--	--	--	--	--

In respect of:

Name of Child: _____ Date of birth: _____

Parental leave has been granted in accordance with [circular 0027/2013](#) as follows:

From – To:	From – To:	From – To:

Signature of Special Needs Assistant: _____ Date: _____

Signature of Employer: _____ Date: _____

Following signing, no amendment can be made to the confirmation document without the agreement of both parties.

This document should be retained on the special needs assistant's personnel file and a copy retained by the special needs assistant.