

Appendix A

Application form for Adoptive Leave Entitlements

This application must be fully completed and retained in the school for record and audit purposes. It can be used to apply for adoptive and/or statutory additional unpaid adoptive leave. It should be completed and submitted at least 6 weeks before the leave is due to commence.

This application is NOT to be submitted to Department of Education and Skills.

If the applicant pays Class A PRSI contributions, a completed AB1 Form should be submitted to DSP. This form is available from DSP or online at www.welfare.ie

APPLICATION IN RESPECT OF:

Adoptive Leave **Statutory Additional Unpaid Adoptive Leave**

Please tick as appropriate:

Name: _____ School: _____

Roll No. _____ Contact No: _____ PPSN: _____

Expected date of placement (EDP) ____/____/____

(A certificate of placement should be submitted as soon as reasonably practicable. In the case of foreign adoption a declaration of eligibility and suitability should be provided in advance of commencement)

In the case of foreign adoption, if any of the statutory additional unpaid adoptive leave is to be taken prior to placement please enter the dates here: _____ to _____

I wish to take 24 weeks Adoptive Leave from _____ to _____ (enter the dates)

State number of days statutory additional unpaid adoptive leave that are to be taken following adoptive leave (if any): _____ (consecutive days and to include weekends)

Statutory additional unpaid adoptive leave from _____ to _____ (enter inclusive dates)

I wish to apply for the above leave in accordance with the terms of Circular 0019/2013

Signature of special needs assistant: _____ **Date:** _____

Approval and Verification by Employer

I certify that I have approved the above leave in accordance with the terms of Circular 0019/2013, and I have retained on file the following documents for audit purposes:

- 1) All applications for adoptive leave entitlements.
- 2) Certificate of placement (declaration of eligibility and suitability, where appropriate).
- 3) A copy of the completed AB1 form.

Signature: _____ **Date:** _____

(On behalf of Employer)