Appendix A –Application Form for Maternity Leave

Application Form for Maternity Leave

The Application Form should be fully completed and submitted to the employer at least 6 weeks prior to the planned commencement date.

If the teacher pays Class A PRSI contributions, completed MB 1 & 2 Forms should be submitted to the DEASP. This Form is available from the DEASP or online at: www.welfare.ie. Online applications for Maternity Benefit may also be made at https://services.mywelfare.ie/.

PART 1A – TEACHER APPLICATION

Teacher's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____Roll No: _____

APPLICATION IN RESPECT OF: (*Please tick as appropriate*)
□ Maternity Leave (26 weeks)
□ Statutory Additional Unpaid Maternity Leave (up to maximum of 16 weeks)
□ Non-Statutory Additional Unpaid Maternity Leave (up to end of school year i.e. 31st August)

PART 1B – MATERNITY LEAVE DETAILS

Expected Date of Birth (EDB): _____/_____/_____

(Medical Certificate must be enclosed confirming expected Date of Birth)

- **Maternity Leave:**

   From_____to _____ (enter inclusive dates)

- **Statutory Additional Unpaid Maternity Leave:**

   From _____to _____ (enter inclusive dates)

- **Non-Statutory Additional Unpaid Maternity Leave:**

   From _____to _____ (enter inclusive dates)

Declaration

I wish to apply for Maternity Leave in accordance with the Maternity Leave Scheme as set out in Circular 0054/2019 titled '*Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools'*.

I confirm that the information provided in the application is true and accurate.

Signature of Teacher: _____ Date: _____

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable your Maternity Leave application to be processed. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this application form can be found at: https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at https://www.education.ie/en/The-Department/Data-Protection/. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath, N37 X659, upon request.

PART 2 – EMPLOYER DECISION

I certify that I have approved/refused (delete as appropriate) the Maternity Leave in accordance with the Maternity Leave Scheme as set out in Circular 0054/2019 titled *'Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools'*. The following documents will be retained for audit purposes*:*

1) Application for Maternity Leave ☐
2) Medical Certificate showing expected Date of Birth ☐
3) Copy of Decision Notice issued to teacher ☐

Approved Leave has been recorded on the OLCS/relevant ETB system ☐

Signature: _____ Date: _____
(Employer)

Application Form/Supporting Documentation should NOT be submitted to the Department of Education and Skills. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.