

APPLICATION FORM FOR MATERNITY LEAVE

~ PART 1 ~

(TO BE COMPLETED BY THE TEACHER)

SECTION A – GENERAL (BLOCK CAPITALS)

County: _____ Roll No.: _____ School: _____

Surname: _____ First Name(s): _____

Home Address: _____

_____ Contact Tel. No.: _____

PPS No. (formerly known as RSI No.) -

Teacher No: (seven digits, one letter) 9 9 -

Expected date of confinement: - - (Enclose a medical certificate confirming the expected date of confinement)

Date of commencement of maternity leave: - - (Must be a minimum of 4 weeks before confinement date)

Are you paying full rate (i.e. Class A) PRSI? Yes No (Tick as appropriate)

SECTION B – UNPAID MATERNITY LEAVE

Will you be availing of unpaid leave after the expiration of your paid leave? Yes No (Tick as appropriate)

If “Yes”, please complete (a) or (b) as appropriate:

(a) Unpaid leave up to 56 days Yes State the number of days

or

(b) Unpaid leave to the end of the school year i.e. 31st August Yes

If the answer is “No”, and you subsequently change your mind, you must notify the Department, via your Board of Management, at least **4 weeks** before you are due to resume from paid maternity leave.

SECTION C – PARENTAL LEAVE

Will you be availing of parental leave after the expiration of your maternity leave? Yes No (Tick as appropriate)

If “Yes”, please complete “[Application Form for Parental Leave](#)”

Signature: _____ Date: - -

~ PART 2 ~

(TO BE COMPLETED BY THE BOARD OF MANAGEMENT)

SECTION A – SCHOOL CLOSURES

State each school closure (other than exceptional closures under Rule 60 of the Rules for National Schools) which will overlap with the period of paid maternity leave and which will be added to the end of the maternity leave period as leave-in-lieu.

Please also state the school closures which will overlap with the period of leave-in-lieu (if any).

From	To	Number of Days	Rule No.
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SECTION B

Signature: _____
(Chairperson, Board of Management)

Address: _____

Contact Telephone No.: _____

Date: - -

The completed form should be forwarded to the **Primary Payments Branch, Department of Education and Science, Cornamaddy, Athlone, Co. Westmeath** at least four weeks before the proposed start date of the leave.