

Appendix A

Application form for Maternity 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 maternity and/or statutory unpaid maternity leave. It should be completed and submitted at least 6 weeks before the leave is due to commence.

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

If the applicant pays Class A PRSI contributions a completed MB10 Form should be submitted to DSP. This Form is available from DSP or online at: www.welfare.ie

APPLICATION IN RESPECT OF:

☐ **Maternity Leave**

☐ **Statutory Unpaid Maternity Leave**

Please tick as appropriate:

Name: _____ School: _____

Roll No. _____ Contact No: _____ PPSN: _____

Expected date of birth (EDB) ____/____/____

(Medical certificate must be enclosed confirming expected date of birth)

I wish to commence my maternity leave on ____/____/____

State the number of days statutory additional unpaid maternity leave that are to be taken (if any):
_____ (Consecutive days and to include weekends)

Statutory Additional Unpaid Maternity Leave from _____ to _____ (enter inclusive dates)

I wish to apply for the above leave in accordance with the terms of Circular 0017/2013

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 0017/2013 and I have retained on file the following documents for audit purposes:

- 1) All applications for maternity leave entitlements.
- 2) Certificate showing expected date of birth.
- 3) A copy of the completed MB10 form.

Signature: _____ **Date:** _____

(On behalf of Employer)

