



# Dundalk Institute of Technology

## Application for Shorter Working Week

### 1. Employee Details:

<b>Name:</b> _____	<b>Payroll No:</b> _____	<b>Department:</b> _____
<b>Grade:</b> _____	<b>Phone:</b> _____	

### 2. Proposed Working Week                      No of Hours                      Times

Proposed Working Week	No of Hours	Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Period of 12 months commencing:		

### 3. Employee Declaration:

I understand that should my application be successful, and I receive confirmation of this, that it will not be possible to withdraw or alter my application for the scheme once I have given an undertaking to participate. I am also aware that any overpayment, which may arise from my participation in the Scheme, will be repaid to the Institute not later than 31<sup>st</sup> December in the year the leave is taken. I declare that all the information given in this application is true and complete.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 4. Recommendation by Head of Office/Function

I recommend/do not recommend this application for Shorter Working Week	YES	NO
If an application is not recommended please indicate the reason(s):		
<b>Signed:</b> _____	<b>Date:</b> _____	
<b>Grade:</b> _____	Date: _____	
<b>Signed:</b> _____	<b>Date:</b> _____	
Gerald O'Driscoll		
<b>Human Resource Manager</b>		