



Dundalk Institute of Technology

Notification of Intention to take Parental Leave

1. Parental Leave is granted solely for the purpose of taking care of the child named below. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to serious disciplinary action up to and including dismissal.
2. Application for Parental Leave should be approved by your Head of Department, and then submitted to:
3. Human Resource Department, for final approval and implementation, not later than 6 weeks before the proposed commencement date, under [Section 8 \(1\)](#) of the Act.
4. Please note, any Public /College holidays, which fall during the period of Parental Leave, will be added on to the end of the period.
5. A copy of the Institute's Parental Leave Policy is available on request from: The Human Resource Department.

Under the [Parental Leave Act 1998](#) as amended by the [Parental Leave \(Amendment\) Act 2006](#), I hereby give notice of my intention to take Parental Leave with the purpose of taking care of my child. A copy
my child's birth certificate/adoption order is attached

or previously submitted

Name: _____ Personnel No: _____

Department: _____ Ext. No: _____

Name of Child: _____ Date of Birth: _____ / _____ / _____

Commencement Date of Employment: _____ / _____ / _____

Periods of Parental Leave already taken in respect of this child/another child:

with DKIT _____

(with another employer) _____

Pattern of Leave:

(Please note that pattern of Leave must be **discussed** and **agreed** in advance with your **Head of Department**)

Proposed Date of Commencement of Parental Leave: _____ / _____ / _____

Proposed Duration of Parental Leave: _____ / _____ / _____

Proposed Manner in which to be taken:

(Please provide a brief description. List of actual days & dates requested must be attached)

Shorter Working Year previously approved

Shorter Working Week previously approved

I declare that the information given above is accurate and complete.

Signed: _____ Date: _____ / _____ / _____
 Employee

Approved: _____ Date: _____ / _____ / _____
 Head of Department

Approved: _____ Date: _____ / _____ / _____
 Human Resource Manager