

Appendix 7

Application for Parental Leave

Date of request: _____

(applications should be made in conformity with the provisions of the PSMC Manual on Work-Life Balance Measures and Directive 8)

SECTION 1: APPLICANT'S DETAILS

Surname _____

Name _____

Ministry/ _____

Department/ _____

Entity

Directorate

Grade/Position _____

ID Card No. _____

E-Mail Address _____

Office Tel. _____

SECTION 2: PARENTAL LEAVE APPROVED BY DIRECTORS *(tick and fill in as appropriate)*

Parental Leave: four (4) months broken down in periods of one (1) month at a time

four (4) months six (6) months nine (9) months twelve (12) months

Period of Parental Leave being requested: From _____ To _____

I declare that I am: a parent a legal guardian a foster carer

Document(s) supporting request enclosed with application: Yes No

Is spouse / partner in a civil union / partner a Public Employee? Yes No

(If yes, please attach declaration by the employing Ministry/Entity/Department/Directorate confirming, or otherwise, that your spouse/partner in a civil union/partner is applying for parental leave. If in the affirmative, the dates and duration of this leave are to be indicated).

I intend to resume duties on : _____

I, the undersigned, declare that the information and documentation submitted in this application is correct.

Signature of Applicant: _____ **Date:** _____

For Official Use: **Approved** **Postponed** *(if postponed please state reason)*

Signature of Director/Head of Dept _____ **Date** _____

Directors should take disciplinary action when officers fail to resume duty at the expiration of Parental Leave.

The information supplied in this application form shall be used exclusively by the employing Ministry and the People & Standards Division for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.

Signature of Head of School

Signature of College Principal