

## **APPLICATION FOR PARENTS LEAVE**

**PART 1: APPLICATION** 

SCHOOL/CENTRE	E/SECTION:			
NAME:				
Childs Name:				
Your PPSN:				
Childs Date of Birth:  Have you applied for Parents leave for this child previously if So, how many weeks:		Y/ N	Copy of Birth Cert attached: Y / N  Number of weeks previously applied for:	
hereby make an app From:  From:	olication for P	arent's Leave (not e	To:  To:	
From:			To:	
Signature of Staff Member:			Date:	
			Date:	
Staff Member: Signature of Principal / Centre Head:	TION			
Staff Member: Signature of Principal / Centre Head: PART 2: CONFIRMA	Parents Lea	•	Date:	

Note: An Employee who wishes to take <u>Parents leave</u> must provide their employer, with at least 6 week's notice from date(s) on which they intend to take this leave.

## **Data Protection Privacy Statement**

The main purpose for which LMETB requires you to provide this personal data to your employer is to enable your Parent's Leave application to be processed. LMETB will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request.

The Privacy Notice outlining further information in relation to this Application Form can be found on <u>gov.ie</u>. Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on <u>gov.ie</u>. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions Section, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X659, upon request.