

FORM FOR SPECIAL LEAVE APPLICATION

Application for special leave under Employment (Conditions of Employment) (Coronavirus Special Leave) Regulations, 2020 for working parents

1. Worker’s details

Employer:.....
Full Name:
National Identity Number or Passport number:
Post title:
Department/ Division/ Section/ Unit:.....
Home address:
Contact telephone number:
Email address:
Type of contract [] contract for a fixed term []part-time contract [] continuous contract

2. Employer details

Name of Employer:.....
Home address:
Contact telephone number:
Email address:

3. Details of relevant children (applicable for below 15 years of age)

Name: Surname:
National Identity Number or Passport number: Age:
Home address:
Institution’s / child-minder’s name:Institution level:

Name: Surname:
National Identity Number or Passport number: Age:
Home address:
Institution’s / child-minder’s name:Institution level:

Name: Surname:
National Identity Number or Passport number: Age:
Home address:
Institution’s / child-minder’s name:Institution level:

If more, fill in a separate page.

4. Spouse details *(if applicable)*

Full Name:
National Identity Number or Passport number:
Home address:
Employing organization:..... Contact telephone number:
Post title:
Relationship with child:

5. Other parent *(if applicable)*

Full Name:
National Identity Number or Passport number:
Home address:
Employing organization:..... Contact telephone number:
Post title:
Relationship with child:

6. Request for special leave

Date of special leave *(dd/mm/yy)*: From to
 Essential service
 Special case

I hereby declare that the information provided is true and correct. I also understand that any false declarations shall result in disciplinary action against me.

Signature:

Date:

7. FOR EMPLOYER USE

Full Name Head of Department/ Division/ Section:.....

Post title:

Request approved

Request not approved

If refused, grounds for:

Essential service

Other parent on leave

Signature:

Date: