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| https://www.dcu.ie/sites/default/files/marketing/images/dcu_logo_stacked_slate_yellow.png | Shorter Working Year Scheme Application Form |

**PLEASE RETURN ALL FORMS TO THE HR Department by 1st October**

**PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS**

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| **FULL NAME:** | | **PERSONNEL NUMBER:** |
| **SCHOOL/UNIT:** | | **CONTACT NO.:** |
| **GRADE & JOB TITLE:** | | |
| **PURPOSE OF, OR REASONS FOR, THE UNPAID SPECIAL LEAVE:** | | |
| **Period 1** | **START DATE:** | **END DATE:** |
| **Period 2**  **(if applicable)** | **START DATE:** | **END DATE:** |
| **Period 3**  **(if applicable)** | **START DATE:** | **END DATE:** |
| * **I confirm that I wish to avail of the above period of unpaid special leave** * **The conditions of my unpaid special leave are as stated in Circular 14/2009, which I have read and understood (see attached).** * **If I have applied for special salary arrangements (see below) I cannot withdraw or alter my application once it has been approved. Any overpayment that may arise from participation in the scheme will be repaid to DCU no later than 31 December in the same year.**   **DO YOU WISH YOUR REDUCED PAY TO BE SPREAD EVENLY OVER A 12 MONTH PERIOD?**  NO YES  **APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **SECTION B: To be completed by Head of School/Unit.** | | |
| **DO YOU SUPPORT THIS APPLICATION? YES NO**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Head of School/Unit: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name (In Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HR Operations Manager Approval: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |