**POSTPONEMENT OF MATERNITY LEAVE DUE TO SERIOUS HEALTH CONDITION**

(The Maternity Protection, Employment Equality and Preservation of Certain Records Bill 2024)

## **Section 1: To be completed by Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of applicant:** |  | | |
| **Staff number:** |  | **Department:** |  |
| **Work email address:** |  | **Personal email address:** |  |
| **Postponement start date:** |  | **Postponement end date:** |  |
| **If this is your second postponement, please state the dates of your first postponement:** | |  | |

I agree to the terms and conditions as laid out in the University’s Maternity Leave Policy:

|  |  |
| --- | --- |
| **Signature of applicant** |  |
| **Date** |  |

## **Section 2: To be completed by Head of School or Head of Area**

I note the postponement of Maternity Leave as outlined above and confirm that the following documents are attached in this submission:

* A medical certificate, signed by a relevant medical practitioner which specifies the dates for postponement
* Employee’s sick leave records over the past four years

|  |  |
| --- | --- |
| **Signature** |  |
| **Please print name** |  |
| **Date** |  |

**Please return this form with supporting documents to** [hr@tcd.ie](mailto:hr@tcd.ie). **Incomplete applications will lead to a delay in processing and will be returned to the manager.**