

# Special Leave on Marriage Application Form – HR 108 (n)

This form is to be used by employees to apply for Special Leave on Marriage. You must give a minimum of four weeks notice to your employer before commencing leave.

Please complete in Block Capitals/Tick appropriate boxes

All employees may be allowed up to a maximum of five days' special leave with pay when they marry, provided the amount of special leave granted for this purpose together with the annual leave allowance in respect of the leave year in which the marriage takes place does not exceed a total of 24 days or hourly equivalent, (or where appropriate a pro-rata entitlement) excluding any annual leave carried over from the previous year.

*c.f. **Department of Health Circular No. S116/48***

*& **Department of Health and Children Circular dated 11 July 1997***

<b>Section 1. To be completed by the employee</b>																						
Surname:						First Name:																
Grade:				Personnel No:																		
Location:				PPS No:																		
In accordance with the provisions of the HSE Terms and Conditions of Employment (Revised) 2009.I hereby notify my employer that I intend to take Special Leave on Marriage.																						
Number of days leave applied for:																						
From date													To date									
Signature						Date																
<b>Section 2. To be Completed by the Line Manager</b>																						
I have checked the relevant supporting documentation required for the leave requested and confirm that the leave required complies with the terms outlined in the relevant HR policy																						
Application Approved    Yes <input type="checkbox"/> No <input type="checkbox"/>						If no, give reason:																
Signature:						Date:																
Name:						Grade:																
Contact Phone No:						Mobile No:																
Email Address:																						
<b>Section 3. Delegated Officer Approval</b>																						
Name (Print)						Signature																
Tel No						Date																
Decision No																						
<b>Section 4. To be completed by Human Resources Personnel Administration</b>																						
System updated by:						Name:																
Contact Phone No:						Date:																
Comments:																						

If faxing the form please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

Section 5. Payroll Section									
Location Code									
Checked by Payroll <input type="checkbox"/>									
Name (Print)					Signature				
Tel No					Date				
Section 6. Circulation List									
1					2				
3					4				
5					6				
7					8				