



Maynooth University Shorter Working Year Scheme Application Form

Please read carefully the Shorter Working Year Scheme Details document before completing this application form.

TO BE COMPLETED BY THE EMPLOYEE

Employee: _____ **Staff No:** _____

Department: _____ **Extension No:** _____

Date of Commencement of Employment: ____/____/____ (DD/MM/YY)

If Part-Time or Job Sharing, please state pattern of working week:

PATTERN OF LEAVE

Please note that the pattern of Leave must be discussed and agreed in advance with your Head of Department.

Under the terms of the scheme, special leave is available as a period of not less than 2 and not more than 13 consecutive weeks. The leave may be taken as one continuous period, or as a maximum of 3 separate periods each consisting of not less than 2 weeks and not exceeding 13 weeks in total.

Please specify the number of weeks of special leave you wish to avail of: _____

From: ____/____/____ (DD/MM/YY)

To: ____/____/____ (DD/MM/YY)

From: ____/____/____ (DD/MM/YY)

To: ____/____/____ (DD/MM/YY)

From: ____/____/____ (DD/MM/YY)

To: ____/____/____ (DD/MM/YY)

Please return the completed application form to humanresources@mu.ie or by post to Human Resources Office, Riverstown Lodge, South Campus, by 30th November in the year preceding the year in which it is proposed to avail of the leave. **Late applications cannot be accepted.**

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DECLARATION:

Please select one salary option below:

I hereby apply to avail of the aforementioned scheme on a no-pay basis for the duration of the leave

OR

I hereby apply for the special administrative arrangements for the payment of basic salary in approximately equal amounts over twelve months, commencing on 1st January _____ (*please insert year*)

I understand and I agree that, in accordance with the Shorter Working Year Scheme, I will not be permitted to vary my working hours during the year in which I am availing of the Shorter Working Year Scheme.

I understand and I agree that, in accordance with the Shorter Working Year Scheme, it will not be possible to withdraw or alter my application once my application has been approved.

If granted a Shorter Working Year, I hereby undertake that any salary overpayment that may arise from my participation in the Scheme will be repaid no later than the last day of the year in which I avail of the Shorter Working Year Scheme.

I declare that the information given above is accurate and complete.

Employee signature: _____

Date: _____

Approved by Head of Department: _____

Date: _____

Print Name (Head of Department): _____