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| **UNIVERSITY COLLEGE DUBLIN**  **Shorter Working Year Application Form** | | | | | | |
| * ***Up to 13 weeks of unpaid special leave (non-pensionable) may be taken in any one year*** * ***Leave may be taken as 1 continuous period, or as a maximum of 3 separate periods*** * ***Your reduced salary may be spread over a 12-month period for periods of leave between 2 and 13 weeks only. Applications for this leave in 2025 must be submitted to your Head of School/Unit, for approval, by Friday, 15th November 2024 \**** *Please note that the reduced pay 12-month salary spread arrangement is no longer available for leave taken in 2024 \** * ***Proposed leave dates should be discussed in advance with your Head of School/Unit*** * ***Reduced annual leave entitlement should be confirmed with your Head of School/Unit*** | | | | | | |
| ***Section A: To be completed by Applicant*** | | | | | | |
| Name: | | | Personnel No: P | | | |
| School/ Unit: | | | Approver Name: | | | |
| Grade & Job Title: | | | | | | |
| Purpose of, or reasons for, the unpaid special leave: | | | | | | |
| |  |  |  | | --- | --- | --- | | **Period 1**  *(Minimum 2 weeks per period)* | **Start date:** | **End date:** | | **Period 2**  *(Minimum 2 weeks per period)* | **Start date:** | **End date:** | | **Period 3**  *(Minimum 2 weeks per period)* | **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*** * ***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 UCD no later than 31st December in the same year***   **DO YOU WISH YOUR REDUCED PAY TO BE SPREAD EVENLY OVER A 12 MONTH PERIOD?**  **YesNo** | | | | | | |
| **Signature of Employee:** |  | | | **Date:** | |  |
| ***Section B: To be completed by Head of School/Unit*** | | | | | | |
| ***Please return all forms to:*** [***hrhelpdesk@ucd.ie***](mailto:hrhelpdesk@ucd.ie)   * **BY FRIDAY, 29TH NOVEMBER 2024 IF EMPLOYEE HAS REQUESTED THAT THEIR REDUCED PAY BE SPREAD OVER A 12 MONTH PERIOD IN 2025 OR** * **AT LEAST 4 WEEKS PRIOR TO THE COMMENCEMENT DATE OF THE PERIOD OF UNPAID LEAVE IN ALL OTHER CASES**   **Do you support this application? Yes No**  **If no, please outline the reasons below for refusal of this special leave application. (Please refer to paragraphs 24 and 25 of Circular 14/2009):** | | | | | | |
| **Signature of Manager:** | |  | | | **Date:** |  |