**Leave for Parents & Carers: Request Form**

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| *This form relates to requests for leave for parents and carers, as set out in the Irish Research Council’s Policy on Leave for Parents & Carers. Please refer to the policy before completing this form, so that you fully understand your entitlements. This form should be completed a minimum of four weeks before the anticipated leave period, and an updated version submitted upon return to the research project.* | | | | |
| **Section 1: AWARD Information** | | | | |
| Project ID |  | | | |
| Name of awardee |  | | | |
| Host institution |  | | | |
| Co-funding partner  (if applicable) | *[If your award has an enterprise, employment or strategic funding partner, please insert their contact details here. They will be consulted by the IRC in processing your request.]* | | | |
| **Section 2: REQUEST TYPE** | | | | |
| **Please indicate the request type:** | | | | |
| Submission of initial request | |  | | |
| Request for additional leave | |  | | |
| Final details on return to project | |  | | |
| **Please indicate the leave type being requested:** | | | | |
| Maternity | |  | | |
| Paternity | |  | | |
| Adoptive | |  | | |
| Parent’s | |  | | |
| Parental | |  | | |
| Carer’s | |  | | |
| *Please note that it is the responsibility of the award holder to inform the Irish Research Council of any changes to the information set out in this form, and to submit an updated version of this form to the Irish Research Council confirming final benefits received (e.g. including additional annual-leave entitlements) when the applicant returns to work.* | | | | |
| **Type** | | | **Start** | **End** |
| Statutory paid leave period | | | DD/MM/YYYY | DD/MM/YYYY |
| Statutory unpaid leave period | | | DD/MM/YYYY | DD/MM/YYYY |
| Date of return to project  (i.e. after combined leave period) | | | DD/MM/YYYY | DD/MM/YYYY |

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| SECTION 3: Claim for additional salary or STiPEND funding | | | | | | | | | | | |
| *Please complete either section 3 OR section 4 as relevant (not both). Assistance must be sought from your host institution when completing this information. This section should be completed if you satisfy the PRSI contribution conditions for maternity, paternity, adoptive, or parent’s leave. This table should reflect the salary claimed from the award budget minus the state benefit. This section should also be completed if an application for social welfare benefit has been made with an outcome pending.* | | | | | | | | | | | |
|  | **A** | | | **B** | | | | **C** | | **D** | |
| Name of awardee | Weekly gross[[1]](#footnote-1) salary | | | Weekly social welfare benefit | | | | Number of weeks’ entitlement | | Additional funding sought from IRC  [(A-B) \* C] | |
|  | € | | | € | | | |  | | € | |
| SECTION 4: Additional funding claim for postgraduate students AND salaried staff members without PRSI eligibility | | | | | | | | | | | |
| *Please complete either section 3 OR section 4 as relevant (not both). Assistance must be sought from your host institution when completing this information This section should ONLY be completed by salaried personnel if you definitively do not satisfy the PRSI contribution conditions for maternity, paternity, adoptive or parent’s leave.* | | | | | | | | | | | |
|  | | **A** | | | | **B** | | | **C** | | |
| Name of awardee | | Weekly gross1 salary or stipend | | | | Number of weeks’ entitlement | | | Additional funding sought from IRC  [A\*B] | | |
|  | | € | | | |  | | | € | | |
| SECTION 5: request for extension to award | | | | | | | | | | | |
| *Please complete this section if you wish to request an extension to an active award beyond the end date specified in the letter of offer.* | | | | | | | | | | | |
| **Current end date** | | | | | DD/MM/YYY | | | | | | |
| **Requested end date** | | | | | DD/MM/YYY | | | | | | |
| **Please explain in detail and properly justify the reason for requesting an extension of your award. This should include:**   * **Why is such an extension necessary?** * **How is the extension required to meet the deliverables of the award?** * **Details of personnel impacted by this extension (if applicable).** | | | | | | | | | | | |
| SECTION 6: CURRENT FINANCIAL STATEMENT | | | | | | | | | | | |
| *This section is only necessary for awards for which a budget was a condition of application: e.g. COALESCE, Laureate, SFI-IRC Pathway Programme. Should you require a budget reallocation as a result of this application, please complete the relevant budget reallocation request form. Please note this request must be in line with the Terms & Conditions of your award.* | | | | | | | | | | | |
|  | | | **A** | | | | **B** | | | | **C** | |
| Category[[2]](#footnote-2) | | | Total amount awarded  € | | | | Total expenditure to end last calendar month  € | | | | Balance remaining  (A-B)  € | |
| Personnel | | |  | | | |  | | | |  | |
| Travel | | |  | | | |  | | | |  | |
| Materials and consumables | | |  | | | |  | | | |  | |
| Publications | | |  | | | |  | | | |  | |
| Dissemination and knowledge exchange | | |  | | | |  | | | |  | |
| Access to research infrastructures | | |  | | | |  | | | |  | |
| Relocation expenses | | |  | | | |  | | | |  | |
| Overheads | | |  | | | |  | | | |  | |
| Equipment | | |  | | | |  | | | |  | |
| Total | | |  | | | |  | | | |  | |

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| **SECTION 7: SIGNATUREs** | |
| *Please note that this request form will not be accepted without all the required signatures.* | |
| **Award holder** | |
| *I confirm that I have consulted the Irish Research Council’s Policy on Leave for Parents & Carers and I certify that all details in this request form are correct:* | |
| Name (including title) |  |
| Original signature |  |
| Date |  |
| **Authorised Signatory at Research Office (or equivalent) in Host Institution** | |
| *I certify that the host institution supports the requested amendment including the proposed budget (where applicable). In declaring the host institution’s support, I confirm that we have had sight of all necessary medical certificates and/or official documentation (e.g. in relation to social-welfare payments):* | |
| Name of person authorised to sign research contracts on behalf of the host institution |  |
| Position held |  |
| Original signature |  |
| Date |  |
| Institutional stamp |  |
| **SECTION 8: TO BE COMPLETED BY THE IRISH RESEARCH COUNCIL** | |
| *The Irish Research Council approves the following request based on the information set out in this form.* | |
| Programme Manager name |  |
| Programme Manager signature |  |
| Date |  |
| Assistant Director name |  |
| Assistant Director signature |  |
| Date |  |

**Please email the completed form to the relevant scheme-specific email address as follows:**

* Government of Ireland Postdoctoral Fellowship: [postdoc@research.ie](mailto:postdoc@research.ie)
* Government of Ireland Postgraduate Scholarship: [postgrad@research.ie](mailto:postgrad@research.ie)
* Enterprise Partnership Scheme: [schemes@research.ie](mailto:schemes@research.ie)
* Employment-Based Postgraduate Programme: [schemes@research.ie](mailto:schemes@research.ie)
* Laureate Awards Programme: [laureate@research.ie](mailto:laureate@research.ie)
* CAROLINE: cofund@research.ie
* COALESCE: [projects@research.ie](mailto:projects@research.ie)
* All other schemes: [info@research.ie](mailto:info@research.ie)

1. Gross salary refers to the salary before any deductions, taxes, PRSI and pension contribution. [↑](#footnote-ref-1)
2. *Please amend the table to include only those budget categories that are relevant to your award, as outlined in your letter of offer. If you have previously had a budget reallocation approved, the data in the ‘Total amount awarded’ column should reflect this.* [↑](#footnote-ref-2)