

Directorate Human Resources Application Form and Declaration Parental Leave

This form is to be completed when the period of the parental leave is definitely established. After being signed by the immediate superior you can hand in this document to the P-officer of your faculty or department.

A. Details staff member

Name: _____ Initials: _____ Employee number: _____

Civil service number: _____ Faculty/Department: _____ Employed from: _____

B. Details child for whom parental leave is requested

Name: _____

First names: _____ Date of birth: _____

C. Parental leave

c.1) Based on the parental leave scheme you can divide your parental leave into a maximum of 3 periods, whereby each period lasts at least one month. With the number of hours you fill in the number of hours you actually continue to work per week, i.e. **not** the hours of leave.

Period (**A**) from:..... until.....actual number of hours to work per week:.....

Period (**B**) from:..... until.....actual number of hours to work per week:.....

Period (**C**) from : until.....actual number of hours to work per week:.....

c.2) Hours of parental leave, which in the previous years have been saved under the Optional Model Employment Conditions, to be debited from the leave card:hours.

These hours will be taken up in the period:.....

c.3) In the calendar year (calendar years) in which your parental leave has been planned, do you also save (money) under the Life-course Savings Scheme and you wish to (partly) use your life-course credits to finance the unpaid part of the parental leave?

Please **circle** the applicable answer:

calendar year 2009 **YES or NO** calendar year 2010 **YES or NO** calendar year 2011 **YES or NO**

*If in a calendar year you have answered a question with **yes** for your income tax return you can qualify for a parental leave tax credit*

D. Signature

By signing this form you agree to the provisions as laid down in the "Partly Paid Parental Leave Scheme Dutch Universities 2007". In particular you are referred to article 5, paragraph 5, of this scheme. If you resign within six months after expiry of the parental leave or your employment is terminated owing to circumstances attributable to you, you are obliged to pay back the partially paid salary.

Signature staff member

(signature) (name) (date)

Immediate superior:

(signature)(name).....(date).....

Head Salary Administration

J.A.J. de Bot (Phone: 053-4892188) date.....