



PARENTAL LEAVE

This form should be completed once the period of parental leave is definite.

Once this document has been signed by your supervisor, please submit it to the HR Officer for your faculty or department.

A. DETAILS OF STAFF MEMBER

Name: _____ Initials: _____

Personnel number: M _____ Faculty/Department: _____

B. DETAILS OF CHILD FOR WHOM PARENTAL LEAVE IS REQUESTED

Family name: _____ Are you the legal parent? Yes No
First name: _____ Is the child registered to your address
Date of birth: _____ according to the Municipal Personal Records Database? Yes No

C. PARENTAL LEAVE

You can divide your parental leave into a maximum of three periods for paid parental leave and three periods for unpaid parental leave, each period lasting a minimum of one month. A period may only be requested in whole months. Fill in the actual number of hours you will continue working each week (once parental leave has been deducted).

C1 PAID PARENTAL LEAVE

Period (A) from: _____ to _____ the actual working hours each week will be: ____ hours

Period (B) from: _____ to _____ the actual working hours each week will be: ____ hours

Period (C) from: _____ to _____ the actual working hours each week will be: ____ hours

C2 UNPAID PARENTAL LEAVE

Period (D) from: _____ to _____ the actual working hours each week will be: ____ hours

Period (E) from: _____ to _____ the actual working hours each week will be: ____ hours

Period (F) from: _____ to _____ the actual working hours each week will be: ____ hours

During unpaid parental leave, you will receive a reduction in remuneration over the hours of leave and must also pay both the employer's and the employee's pension contributions.

D. SIGNATURE

By signing this form, you accept the provisions as referred to in the Collective Labour Agreement of Dutch Universities. In particular, please refer to Article 4.13f of the Collective Labour Agreement.

If you terminate your employment within six months after your paid parental leave or your employment is terminated within this period of time due to circumstances brought about by you, you shall be obligated to repay the partial remuneration you received.

Employee's signature

Date: _____

Supervisor's signature

Date: _____