

Examination Leave Application Form – HR 108 (e)

This form is to be used by employees to apply for Examination Leave. You must give a minimum of four weeks notice to your employer before commencing Examination Leave. Please complete in Block Capital/Tick appropriate boxes. Format Date fields as DDMMYYYY

To be completed by the employee																											
Surname:							First Name:																				
Grade:							Personnel No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Location:							PPS. No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
I hereby notify my employer that I intend to take Examination Leave in accordance with the provisions of the HSE Terms and Conditions of Employment (Revised) May 2009																											
Number of days leave applied for:																											
From date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>														To date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
Signature							Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
To be completed by the Line Manager																											
I have checked the relevant supporting documentation required for the leave requested and confirm that the leave required complies with the terms outlined in the relevant HR policy																											
Application Approved				Yes <input type="checkbox"/> No <input type="checkbox"/>				If no, give reason		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	
Signature:							Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Name (Capitals)							Grade																				
Contact Phone No:							Mobile No:																				
Email Address:																											
To be completed by Human Resources Personnel Administration																											
System Updated by:							Name:																				
Contact Phone No:							Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
Comments:																											
Circulation List																											
1							2																				
3							4																				
5							6																				
7							8																				

Explanatory Note on Examination Leave

Paid study leave may be allowed to employees in respect of third level course examinations, subject to the directions regarding the grant of leave generally and provided the costs can be accommodated within your approved financial allocation:

(a) Employees pursuing, in their own time, primary degree courses may be allowed ten days study leave with pay for entire period of course.

(b) Employees should be given as much freedom as possible as regards spreading the leave over the various course examinations subject to the condition that a maximum limit of five days study leave with pay will apply to each academic year.

(c) The arrangement at (a) and (b) will also apply to other third-level courses of education which last for three years or longer. For shorter third-level courses, three days study leave with pay may be allowed for each year of the course, repeat years being excluded.

(d) Employees pursuing the following courses will be recognised as eligible or study leave:

(i) University course leading to the degrees of Bachelor or Masters of Arts or Commerce.

(ii) The course leading to the Diploma in Administrative Science and the one – year course in Public Administration provided by the Institute of Public Administration.

(iii) Courses in the following subjects

Accountancy, Business Administration, Business Studies, Computer Science, Economics, General Management, Hospital Administration, Industrial Engineering (for Engineers), Law (for BCL, BL, or Diploma in European Law Only),

Personnel Management, Public Administration, Secretaryship (Institute of Chartered Secretaries), Sociology, Statistics, Systems Analysis

c.f. [DoHC Circular No. 146/72](#)

NCHDs

NCHDs are entitled to a total of two weeks leave per six months prior to an examination or repeat examination for approved higher degrees or diplomas. The Hospital requires evidence both prior to and subsequent to sitting of the examinations in certain circumstances where the NCHD can demonstrate a benefit to the Health Service to his /her clinical supervisor and the appropriate hospital manager, other courses will be considered on an individual basis