

NOTICE OF DISPUTE TO RIGHTS COMMISSIONER

ADOPTIVE LEAVE ACTS, 1995-2005

PLEASE USE BLOCK CAPITALS

Please refer to "Notes for Completion of Forms" before filling out this form

EMPLOYEE'S DETAILS

Name:

Address:

Tel:

E-Mail:

Job Title:

PPS No:

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COMPANY/EMPLOYER'S DETAILS

(Please refer to Notes for Completion of Forms)

Name:

Address:

Tel:

E-Mail:

Nearest Town to Place of Employment:

Employer's Registered (PAYE) No:

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N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS DISPUTE TO A RIGHTS COMMISSIONER?

YES

NO

Name and Address of your Representative (if any):

PAY (See Act for definition)

Please tick as applicable: Hourly Weekly Monthly

GROSS: € _____

NET (after deduction of PAYE & PRSI): € _____

Date on which employment began: (dd/mm/yy)

(A) My dispute relates to adoptive leave (Part II of the Act) and is as follows:

(B) My dispute relates to the provisions of my employment contract (Part III of the Act) and is as follows:

Claimant's Signature: _____ **Date:** ____/____/____

YOUR EMPLOYER SHOULD, WHERE POSSIBLE, BE NOTIFIED IN ADVANCE OF SUBMITTING THIS NOTICE OF DISPUTE.

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER BY THE RIGHTS COMMISSIONER SERVICE.