

APPLICATION TO RIGHTS COMMISSIONER

MATERNITY PROTECTION ACT 1994

(PLEASE USE BLOCK CAPITALS)

EMPLOYEE'S DETAILS

COMPANY/EMPLOYER'S DETAILS

(Full legal name: if in doubt consult your P45/P60)

Name: _____

Name: _____

Address:

Address:

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Job Title: _____

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):

EMPLOYMENT DETAILS

EMPLOYMENT BEGAN: ____/____/____

EMPLOYMENT ENDED: ____/____/____ [if applicable]

PAY PER WEEK (including benefits and regular overtime):

€ _____ **GROSS**

€ _____ **TAKE HOME**

MY DISPUTE IS THAT:

SIGNATURE: _____

DATE: _____

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER.

PLEASE NOTE

Under the terms of the Maternity Protection Act, 1994 **an appeal** against a Rights Commissioner Decision **MUST** be notified **IN WRITING** to the Employment Appeals Tribunal within **FOUR WEEKS** from the date of the Decision.

All appeals should be addressed to:

THE EMPLOYMENT APPEALS TRIBUNAL,
DAVITT HOUSE,
65A ADELAIDE ROAD,
DUBLIN 2.

