



Bord Oideachais agus Oiliúna  
Chill Chainnigh agus Cheatharlach  
Kilkenny and Carlow  
Education and Training Board



**APPLICATION FOR CAREER BREAK**  
For all staff other than persons employed as Teachers and Special Needs Assistants

**Personal Details**

Name: _____	School/Centre: _____
Address: _____ _____	Employee Code: _____
Telephone: _____	Email: _____

**I wish to apply for Career Break:**

Start date:            End date:

**Purpose for which Career Break is sought (Please refer to Circular Letter 79/2015 - Section 1)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Principal/Centre Manager**

**The completed form should be forwarded at least THREE MONTHS before the proposed start date of the leave to: Human Resources Department, Kilkenny and Carlow ETB, Seville Lodge, Callan Road, Kilkenny.**

**HR use only**

Application in order:    Yes <input type="checkbox"/> No <input type="checkbox"/> Initials: _____	Applicant Notified <input type="checkbox"/>
	Supervisor Notified <input type="checkbox"/>
	Payroll Notified <input type="checkbox"/>
<b>Approved:</b>	
Signed: _____	Date: _____
<b>On behalf of Employer Kilkenny and Carlow ETB</b>	