

# Social Benefit Payment Request Form

This form covers requests for payment of the following social benefits:

1. Maternity Leave
2. Adoptive Leave
3. Paid sick leave

**Relevant Policy**

Please refer to the HRB Policy on the Payment of Social Benefits BEFORE completing this form, so that you fully understand your entitlements. This policy is available on the HRB website at

http://www.hrb.ie/research-strategy-funding/grant-holder-information/grant-related-policies/payment-of-social-benefits/

The HRB will reimburse the Host Institution as per the revised payment schedule, and on receipt of written confirmation that the claimant has returned to work, for the cost of providing *additional* funding, as described in Clause 1.3 of the policy.

## Grant Information

|  |  |
| --- | --- |
| HRB Grant file reference |  |
| Principal Investigator or Fellow |  |
| Project title |  |
| Host Institution |  |
| Start date of grant |  |
| End date of grant\* |  |

*\*Social Benefit cannot be claimed beyond the end date of the award.*

## Social benefit entitlement

**Social benefit being claimed** (please tick relevant box):

|  |  |
| --- | --- |
| **\*Maternity leave:** |  |
| **\*Adoptive leave:** |  |
| **Paid sick leave** |  |

**Researcher for whom claim is being made** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of statutory leave:** Start \_\_\_\_\_\_\_\_\_\_\_ Finish\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of additional leave**: Start \_\_\_\_\_\_\_\_\_\_\_ Finish\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of return to work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **Please complete EITHER Section 3 OR Section 4 below (not both)**

## *Additional* funding claim for salaried staff with PRSI eligibility

This section should be completed if you satisfy the PRSI contribution conditions for maternity and adoptive leave or for paid sick leave. The HRB will only contribute to maternity payments for a maximum period of 26 weeks (or 24 weeks in the case of adoptive leave).

***Additional* funding being sought from the HRB:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** |
|  | **Weekly Gross Salary (as per contract)**  **€** | **Weekly Employer PRSI**  **€** | **Weekly Employer Pension Contribution**  **€** | **Weekly Social Welfare Benefit Amount**  **€** | **\*\*No. of Weeks Entitlement** | **Additional Funding Sought from HRB**  **[(A+B+C)**  **-D] x E**  **€** |
| **Maternity Leave** |  |  |  |  |  |  |
| **Adoptive Leave** |  |  |  |  |  |  |
| **\*Paid Sick Leave** |  |  |  |  |  |  |

\* For paid sick leave, the HRB will provide funding, in accordance with the policies of the Host Institution, for the period and amount for which the Host Institution makes provision.

\*\*For employees with less than 26 weeks (in case of maternity leave) or 24 weeks (in case of adoptive leave) left in their contract (associated with HRB funding), their entitlement to paid Maternity Leave only extends to the end date of their research, as originally agreed with the HRB in the grant letter or most recent Letter of Variation.

**Required documentation to accompany this claim**

A copy of the Host Institution Policy on paid sick leave, or a letter of confirmation of this policy, duly signed by the Director of HR, on official headed notepaper, **MUST** accompany this form.

**I have attached verification of my Host Institution Policy on paid sick leave for employees:**

**YES  Not Relevant**

## *Additional* funding claim for post-graduate students and salaried staff *without* PRSI eligibility

This section should **ONLY** be completed by salaried personnel if you **DO NOT** satisfy the PRSI contribution conditions for maternity and adoptive leave or for paid sick leave.

This section should be completed by post-graduate students in receipt of a student stipend who do not satisfy the PRSI contribution conditions for maternity and adoptive leave or for paid sick leave. The HRB will only contribute to maternity payments for a maximum period of 26 weeks (or 24 weeks in the case of adoptive leave).

**Salary/Stipend funding being sought from the HRB:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **E** | **F** |
|  | **Weekly Gross Salary/ Stipend**  **(as per contract)**  **€** | **Weekly Employer PRSI**  **€** | **Weekly Employer Pension Contribution**  **€** | **\*\*No. of Weeks Entitlement** | **Additional Funding Sought from HRB**  **(A+B+C)**  **x E**  **€** |
| **Maternity Leave** |  |  |  |  |  |
| **Adoptive Leave** |  |  |  |  |  |
| **\*Paid Sick Leave** |  |  |  |  |  |

\* For paid sick leave, the HRB will provide funding, in accordance with the policies of the Host Institution, for the period and amount for which the Host Institution makes provision for paid sick leave.

\*\* For employees with less than 26 weeks (in case of maternity leave) or 24 weeks (in case of adoptive leave) left in their contract (associated with HRB funding), their entitlement to paid Maternity Leave only extends to the end date of their research, as originally agreed with the HRB in the grant letter or most recent Letter of Variation.

**Required documentation to accompany this claim:**

* 1. Where paid sick leave is being claimed,a copy of the Host Institution Policy on paid sick leave, or a letter of confirmation of this policy, duly signed and stamped by the Director of HR, on official headed notepaper, **MUST** accompany this form.
  2. For salaried personnel, proof that you are **NOT** eligibleto claim a PRSI contribution for maternity and adoptive leave or for paid sick leave (this should take the form of a letter from your Host Institution, confirming your ineligibility, duly signed and stamped by an authorised Finance Officer and on official headed notepaper.

**I have attached verification of my Host Institution Policy on paid sick leave for employees:**

**YES  Not Relevant**

**I have attached proof that I am not eligible to claim a PRSI contribution for maternity and adoptive leave or for paid sick leave (salaried personnel only):**

**YES  NO**

**If NO, please describe how this proof will be furnished:**

## Request for Suspension and Extension to Award

##### 

##### Please complete this section to suspend and/or extend an active grant beyond the current End Date specified in the Letter of Award. See Clause 1.6 in the HRB Policy on the Payment of Social Benefits.

|  |  |
| --- | --- |
| **Current end date:** |  |
| **Requested end date:** |  |
| **Will the award be suspended for the period of leave?** |  |
| **If not, please provide justification for NOT suspending award e.g. additional personnel employed on award** |  |
| **Will the staff member be replaced during the period of leave?\*** |  |

**\****If yes, please submit a Personnel Information Form (http://www.hrb.ie/research-strategy-funding/grant-holder-information/grant-related-forms/) for the new staff member when they have been identified.*

**Justification**

You must explain in detail how this period of leave will impact the delivery of key study objectives/work packages. **Please submit a revised Gantt chart taking into account the period of leave.**

This may include:

* How the extension will compensate for the leave (where an extension is requested)?
* Details of any personnel who will continue working during the leave period.
* If salary or student stipend is required during any requested extension period, provide details. These details should be supported by the budget breakdown you provide in the Final Budget.

|  |
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|  |

## Current and Proposed Budgets

**Financial statement (current):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **A**  **Total Grant Amount\***  **€** | **B**  **Total Expenditure to date (to end last calendar month)**  **€** | **C**  **Balance Remaining**  **(A minus B)**  **€** |
| Salary |  |  |  |
| Employer PRSI |  |  |  |
| Employer Pension Contribution |  |  |  |
| Student Stipend |  |  |  |
| Student Fees |  |  |  |
| Running Costs |  |  |  |
| Start-up costs |  |  |  |
| Equipment |  |  |  |
| Travel & Dissemination |  |  |  |
| Travel Grant |  |  |  |
| Training Costs |  |  |  |
| Overhead Contribution |  |  |  |
| Other |  |  |  |
| **TOTAL** |  |  |  |

\*Total grant amount as in the HRB contract or as per last Letter of Variation and including any social benefit requests previously approved by the HRB.

**Final Budget**

**Final budget proposed to the HRB for approval**

***(Amend budget headings as required to match those listed in your HRB Grant Letter)***

* Please provide the final proposed budget taking into account the period of suspension/ extension below.
* Please include the additional funding being sought from the HRB in this final budget
* If the original grant is more than 3 years in duration please copy extra columns and state the year.
* Please be sure to include budget breakdown for the extension period.
* If the staff member is to be replaced during their leave period, please reflect this in the budget and justify the replacement in the justification section below.

\*The HRB will pay post-graduate student registration fees for 1 additional year, where necessary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Year 1**  **€** | **Year 2**  **€** | **Year 3**  **€** | **Year 4**  **€** | **Total**  **€** |
| **Salary Related Costs** |  |  |  |  |  |
| Person 1 Salary (insert name, job, pay level (IUA scale or other)) |  |  |  |  |  |
| Employer PRSI |  |  |  |  |  |
| Employer Pension Contribution |  |  |  |  |  |
| Person 1 Subtotal |  |  |  |  |  |
| Person 2 e.g. John Smith, Post Doc, L2.2 |  |  |  |  |  |
| Employer PRSI |  |  |  |  |  |
| Employer Pension Contribution |  |  |  |  |  |
| John Smith Subtotal |  |  |  |  |  |
|  |  |  |  |  |  |
| **Salary Related Costs Subtotal** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Non-Salary Related costs** | | | | | |
| Student Stipend |  |  |  |  |  |
| Student fees |  |  |  |  |  |
| Running costs |  |  |  |  |  |
| Start-up costs |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Travel & Dissemination |  |  |  |  |  |
| Training costs |  |  |  |  |  |
| Travel Grant |  |  |  |  |  |
| Overheads contributions |  |  |  |  |  |
|  |  |  |  |  |  |
| **Non -Salary Related Costs Subtotal** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

## Details of any changes to ethical approval or animal licences (Mandatory)

If an extension of the current ethical approval and/or animal licence or a new application is needed to cover the proposed extension for this grant, please send a copy to the HRB and complete the attached declaration form.

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## DECLARATION - RESEARCH ETHICS COMMITTEE APPROVAL

**To be completed by the Principal Investigator/Fellow:**

|  |  |
| --- | --- |
| **HRB Grant Reference Number** |  |
| 1. **Do you require an extension of the Research Ethics Committee (REC) Approval for some/all aspects of your research programme for the extended period of your grant? (Yes/No)** |  |
| 1. **Do you require to apply for a new Research Ethics Committee (REC) Approval for the extended duration of your grant (Yes/No)** |  |

*If* ***No*** *to above, disregard (C) and (D) below*

*IF* ***Yes*** *to above, Complete (C) and (D), if applicable*

|  |  |
| --- | --- |
| **(C) Are you enclosing a copy of the new or extended REC Approval with this Grant Amendment Form? (Yes/No)** |  |

|  |  |
| --- | --- |
| **(D)** I am not in a position to include the REC Approval Form for the extended period of my grant; however,I hereby confirm that I will not proceed with any element of the research programme which requires REC approval before sending a copy of the REC approval to the HRB and receiving confirmation to proceed from the HRB. | |
| I anticipate receiving REC approval by: |  |
| From the Research Ethics Committee of: |  |

Name (block capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Page (Must be completed)**

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| --- |
| **Researcher for whom the claim is being made** |
| I certify that all details in this request form are correct |
| HRB Grant Reference Number:  Name (including title):  Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

|  |
| --- |
| **Principal Investigator/Fellow\*** |
| I certify that all details in this request form are correct |
| Name (including title):  Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

\* For fellowships, this is the individual carrying out the research and not the sponsor.

|  |
| --- |
| **Authorised Signatory at Research Office (or equivalent) in Host Institution** |
| I certify that the Host Institution supports the requested amendment including the proposed budget (where applicable).  Institutional Stamp  (if applicable) |
| Name of Officer authorised to sign research contracts on  behalf of the Host Institution:    Position Held:    Original signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

**Please Note: It is the responsibility of the host institution to inform the HRB in writing that the claimant has returned to work.**

Please send the signed and scanned version of this form with a revised gantt chart (required where a suspension/extension has been requested) to grantchanges@hrb.ie