

Carers Leave Application Form – HR 108 (c) This form is to be used by employees to apply for Carers Leave.

Information will be input on the HR/Payroll System for the purposes of Personnel and Payroll Administration. Please complete form in Block Capitals/Tick appropriate boxes

Section 1. To be completed by the employee																	
Surname	First Name																
Grade									Personnel Number								
Location	PPS No	PPS No															
I hereby no Leave Act,	Leave in ac	eave in accordance with the provisions of the Carer's															
From								То									
My request is to allow me to provide full time care and attention to:																	
(Please pr	(Please print Name here)																
Section 2. Proposed Manner in which you would like to take Carers leave																	
	One cont	inuous	period														
	In periods ofWeeks / months (each of which must be of at least *13 weeks duration – the aggregate of which does not exceed 104 weeks).																
	Employee will be engaging in employment (up to 15 hours per week) during Carer's Leave																
	Other [†]																
If Other please outline how you propose to take carers leave																	
Section 3. Confirmation																	
I wish to co	onfirm that	I have	made	an ap	plicati	on to	the De	partment of	Soci	al, C	omm	unity					
and Family	and Family Affairs for a decision of a deciding officer of that Department that in respect																
of whom I	of whom I propose to take Carer's leave, is a relevant person (i.e. is in need of full-time care and attention) for the																
purposes of	of the Socia	al Welfa	are (Co	onsoli	dation) Act,	1993.										
Signature	Date																

^{*} Unless otherwise agreed with the employer † Subject to agreement with the employer

INGILIE	Personnel No											
Section 4. To be completed by Line N	Mana	ner										
I have checked the relevant supporting documenta approved complies with the terms outlined in the re	ation re	quired for t		ve rec	queste	d and	confir	m that	leave	.		
Application Approved (tick box)	0	 	plicatio	n Ref	used	(tick bo	ox)			Г		
Comments (if application is refused, state reason)			•			•						
Signature	Date											
Name (Capitals)	Grade	ı		ı					<u> </u>			
Contact Phone No:		Mobile No) :									
E-mail Address												
Section 5. Delegated Officer Approv	⁄al											
Name (Print)		Signature										
Tel No	. ,											
Decision No									· ·			
Section 6. To be completed by Hum	an R	esource	s Pe	ersor	nnel	Adm	inis	tratic	n			
Does Incremental Date require amendment	☐ No ☐	No New Date										
Is Employee in receipt of Interim payment	No ☐ Stop Interim payment				Yes 🗌 No 🗌							
		140	Οιυρ		Date							
		No	-									
Payroll notified to cease interim payment			-									
Payroll notified to cease interim payment System Updated by:		□ No □	-									
Payroll notified to cease interim payment System Updated by: Comments		□ No □	-									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section		□ No □	-									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code		□ No □	-									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll		□ No □	Date									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll Name (Print)		Date	Date									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll Name (Print) Tel No		Date Signature	Date									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll Name (Print) Tel No Section 8. Circulation List		Date Signature	Date									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll Name (Print) Tel No Section 8. Circulation List		Date Signature Date	Date									
Payroll notified to cease interim payment System Updated by: Comments Section 7. Payroll Section Location Code Checked by Local Payroll Name (Print) Tel No Section 8. Circulation List 1 3 5		Date Signature Date	Date									



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Confirmation Document

Purpose: This document is to confirm that both the Line Manager and Employee are agreeable to the																	
taking of Carer's Leave over the course of the From and To dates and to the way in which it will be																	
taken, as stated below. This document must be completed no later than four weeks before the leave is due to begin. Once this															_		
document has been signed by both parties, it cannot be altered unless both parties agree. The applicant																	
must be given a copy of this confirmation document.																	
Section 1 To be completed by Employee																	
Surname	First Name																
Personnel Number									PPS Number								
Section 2 Confirmation Agreement – To be completed by Employee																	
From									То								
Agreed manner and duration of																	
Carer's Leave:																	
					_												
					_												
Signature		Date															
Section	3 To	o be	con	plet	ed b	y Li	ne M	lana	ger on be	ehal	f of I	HSE					
Signature	Date																
Name (Print)									Tel No								
e-mail add		Mobile No															



Explanatory Notes

Appendix 1

The Carer's Leave Act 2001 entitles employees to avail of temporary unpaid leave from their employment to enable them to personally provide full-time care and attention for a person who is need of such care, i.e. the relevant person. The period of leave to which an employee is entitled is subject to a maximum of 104 weeks in respect of any one care recipient.

An employee may work up to a maximum of 15 hours per week during carer's leave or may attend an educational or training course or take up voluntary or community work for up to 15 hours per week.

Entitlement to Carer's Leave

An employee must fulfil the following criteria before they are eligible to apply for Carer's Leave:

- S/he must have completed at least 12 months' continuous service with the HSE before the commencement of the leave.
- S/he must intend to take the leave for the purpose of personally providing fulltime care and attention for a person who is in need of such care for the duration of the leave.
- The person receiving full time care and attention must be objectively assessed and deemed to be in need of full time care by a deciding officer from the Department of Social, Community and Family Affairs.
- Only one employee may be on carer's leave in respect of any one relevant person, at any one time.
- An employee will generally not be permitted to be on Carer's Leave in respect of more than one relevant person at any one time. However, on one occasion only, an employee may commence leave in respect of a relevant person, while already on leave in respect of another relevant person, where the two relevant persons reside together.

Manner in which Carer's Leave may be Taken

The Act provides that the leave should be taken in one of the following ways:

- One continuous period of 104 weeks; or
- One of more periods, the total duration of which amounts to not more than 104 weeks.

Where the employee wishes to take Carer's Leave over a number of broken periods the following conditions apply:

- The minimum statutory entitlement that may be taken in one period at the discretion o the employee is 13 weeks.
- An employer may refuse, on reasonable grounds given to an employee in writing, to permit an employee to take carer's leave for any period of less than 13 weeks.
- There must be a gap of at least 6 weeks between periods of carer's leave taken in respect of the same relevant person.
- An employer and employee may agree arrangements for carer's leave on terms more favourable to the employee. The granting of such arrangements is at the discretion of the HSE.

 The employee is required to notify the HSE of any change of circumstances that affect his / her entitlement to Carer's Leave.

Notification Requirements

The granting of carer's leave is subject to compliance with the following notification requirements:

An employee is required to complete the **Notice of Intention to take Carer's Leave Form** and submit it to his/her **Department Head** at least **6 weeks** before the date s/he proposes to commence the leave (except in emergency circumstances where it is not reasonably practicable to do so).

Upon receipt of the decision of the deciding officer (or appeals officer) from the Department of Social, Community and Family Affairs confirming that the relevant person has been medically certified as being in need of full time care, the employee must submit a copy to his/her Department Head/local HR Department.

Confirmation of Carer's Leave

A "Confirmation Document", (which outlines the date on which the leave period will commence and the duration of the leave period) must be completed and signed by the Department Head and employee not less than 2 weeks before the leave is due to commence.

Revocation of Notice

An employee who wishes to revoke the notice of his / her intention to take Carer's Leave must do so in writing prior to the date of the confirmation document.

Alterations to the Confirmation Document

An employer (Department Head) and an employee may agree, after the date of the confirmation document, to postpone or curtail the leave, or vary the form in which it will be taken. Where this occurs the confirmation document should be amended to reflect the changes.

Return to Work

An employee who is on Carer's Leave must notify the employer (Department Head) of his / her intention to return to work *not less than four weeks before the date on which that employee is due to return to work*.