

Carer's Leave Application Form

Please use Block Letters

REF: HR 9, Rev. 1

In Accordance with the Carer's Leave Act, 2001

Employee Details	
First name: Surname:	Staff ID
Unit/School:	Grade:
Extension No.:	
Relevant Person's Details:	I wish to apply to take Carer's Leave between the dates listed below.
First Name:	the dates listed below.
Surname:	Start Date:
NB. Employees may be requested to submit evidence of the relevant person who is in need of full time care and attention by confirming that the relevant person has been medically certified as being in need of full time care.	(dd/mm/yyyy)
Details:1. Contracted number of hours per week	End Date:(dd/mm/yyyy)
2. Total amount of carer's leave available = (104 wks)3. Total amount taken to date =	Average number of hours to be taken per week
4. Balance outstanding (2 – 3) =	Total number of hours to be taken between the above dates
"I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE CARER'S LEAVE POLICY"	
Signed: Date Employee	e:
Signed:DateDate	e:
Approved by: Date Equality Manager	e: