



### Application Form for Carer's Leave

Employees intending to take Carer's Leave should complete this form and return the complete application to Employee Relations a minimum of six weeks prior to the commencement of leave.

Employees will be requested to submit evidence that the relevant care recipient has been medically certified as being in need of full time care by the Deciding Officer of the Dept of Employment Affairs and Social Protection (DEASP).

*In Accordance with the Carer's Leave Act, 2001*

#### Part 1 Applicant Details

Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Unit School: \_\_\_\_\_

Grade: \_\_\_\_\_

#### Part 2 Details of Leave

##### Relevant Person

Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Form CARB1 has been submitted to the DEASP:  YES  NO

##### Period of Carer's Leave

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Average hours taken per week: \_\_\_\_\_ Total Hours for period above: \_\_\_\_\_

##### Calculation

1. Total amount of Carer's Leave available = 104 weeks
2. Total amount of Carer's Leave taken to date = \_\_\_\_\_
3. Balance remaining for this period of Leave (1 minus 2) = \_\_\_\_\_

#### 'I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE CARER'S LEAVE POLICY'

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

*Employee*

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

*Head of School/Unit*

**PRINT NAME**

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

*Employee Relations Manager*