

CARER'S LEAVE APPLICATION FORM (HR-GEN-009-F)

Name of Employee: _____	Employee No.: _____
Address of Employee: _____ _____	
PPS No.: _____	Date Employment Commenced: _____

NOTIFICATION OF REQUEST TO TAKE CARER'S LEAVE

The employee concerned must complete this form not later than 6 weeks before the commencement of the leave, under Section 9(1) of Carer's Leave Act, 2001. The employee must give the employer a copy of the decision of the Deciding Officer of the Department of Social and Family Affairs, that the care recipient is a relevant person for the purposes of Section 82A(1) of Chapter 11A of Part 2 of the Social Welfare (Consolidation) Act, 1993, as soon as he/she receives it. The applicant is not entitled to Carer's leave until he/she has done so, under Section 6(2)(2) of the Act.

I hereby apply to take Carer's Leave on the following dates:

Proposed Date of Commencement of Carer's Leave:

Day: _____ Month: _____ Year: _____

Proposed Duration of Carer's Leave: _____
Weeks

Proposed Date of Return to Work:

Day: _____ Month: _____ Year: _____

Name of Care Recipient: _____

I wish to confirm that I have made an application to the Department of Social & Family Affairs for decision of a Deciding Officer that the person, in respect of whom I propose to take Carer's Leave, is a relevant person (i.e. in need of full-time care and attention) for the purposes of the Social Welfare (Consolidation) Act, 1993.

I declare that the information given above is true and complete.

Signed: _____

Recommended/Not Recommended: _____
(Delete as appropriate) **Head of Department**

Date: _____

APPROVAL OF CARER'S LEAVE

To be completed by the employer and the employee, pursuant to Section 10 (1) of the Carer's Leave Act, 2001, not later than two weeks before the commencement of the carer's leave concerned.

I hereby apply to take Carer's Leave on the following dates:

Approved Date of Commencement of Carer's Leave:

Day: _____ Month: _____ Year: _____

Duration of Carer's Leave: _____ Weeks

**Manner in which leave is to be taken:
(Please provide a brief description)**

Signed: _____ **Date:** _____
Employee

Signed: _____ **Date:** _____
Head of Department

Signed: _____ **Date:** _____
Human Resources Department