REQUEST FOR CARER’S LEAVE

***If you are an unpaid carer you will be entitled to up to 5\* days carer’s leave, (\*depending on your working week, ), within any 12 month period. There is no minimum period of service required and if eligible, you will be able to take this from day one of your employment. You can take this leave flexibly, including as individual or half days.***

***Carer’s leave is unpaid however all other benefits will remain in place. For example, holiday entitlement continues to accrue and pension contributions will continue to be paid.***

**Employee Details**

|  |
| --- |
| **Name:** Click here to enter text. **Staff ID:** Click here to enter text. **Directorate/School:** Click here to enter text. **Unit:** Click here to enter text.  **Role Title:** Click here to enter text.  **Start Date:** DD/MM/YY |

**Request for Carer’s Leave**

|  |  |
| --- | --- |
| **Please confirm each day or half day that you are requesting carer’s leave:** | Click here to enter text. |

**Declaration**

***You must meet the criterion under Declaration A, as well as one criterion under Declaration B and one criterion under Declaration C.***

**A**

|  |  |
| --- | --- |
| **I will be absent from work for the purpose of providing or arranging care for a dependant.** |  |

**B –** *please tick one option*

|  |  |
| --- | --- |
| **The dependant is my spouse, civil partner, child or parent.** |  |
| **The dependant is a person who lives in the same household as me** *(other than as a lodger, tenant, boarder or employee).* |  |
| **The dependant is a person who reasonably relies on me to provide or arrange care.** |  |

**C –** *please tick one option*

|  |  |
| --- | --- |
| **The dependant for whom I request carer’s leave has an illness or injury (whether physical or mental) that requires, or is likely to require, care for more than three months.** |  |
| **The dependant for whom I request carer’s leave has a condition that amounts to a disability under the Equality Act 2010** |  |
| **The dependant for whom I request carer’s leave requires care for a reason connected with their old age.** |  |

**Employee Signature:**

**Date:** DD/MM/YY

**Manager Approval**

|  |
| --- |
| **Manager Name:** Click here to enter text. **Manager Signature:**  **Date:** DD/MM/YY **Carer’s Leave taken in last 12 months:** Click here to enter text. |