

## Special Leave Policy

### Application for Time off for Dependant(s) - (6.4 – 6.6)

Leave may be available for employees with 26 weeks continuous service.

- Terminal Illness of a Dependent - Subject to the appropriate evidence a maximum of 16 working weeks leave be taken. Payment for leave may be available for up to 8 weeks paid and 8 weeks unpaid. The maximum period of leave may be extended in exceptional circumstances.
- Serious/Long Term Health Condition of a Dependant - Subject to the appropriate evidence a maximum of 8 working weeks leave may be taken. Payment for leave may be available for up to 4 weeks paid and 4 weeks unpaid.
- Post-Operative Recovery – The available time off in these circumstances will depend on the nature of the operation.( See section 4.2.3 of this guidance note)
- Leave for all categories may be broken down into smaller periods of leave i.e. 1 day but cannot exceed the maximum working weeks.

#### Part 1 – Employee details (to be completed by employee)

You can apply for dependants leave if you have 26 weeks continuous service at the date of commencement of your period of leave. You must submit this application to your line manager for authorisation by the **appropriate Executive Director** or nominated officer, at least four weeks prior to the proposed date. However, if this is not feasible, reasonable notice should be provided.

<b>Employee name:</b>	
<b>Service/Division:</b>	
<b>Job title:</b>	
<b>Employee number:</b>	
<b>Continuous service start date*</b>	

\*This is recognised continuous service detailed in NLC Core Conditions of Service

#### Part 2 – Reason(s) for leave (to be completed by employee)

I am applying for carers' leave for the following reason: (Please select the relevant reason below and provide further detail)

- 6.4 Terminal Illness of a Dependant(s)
- 6.5 Serious/Long Term Condition
- 6.6 Post-Operative Recovery

#### Further Information



<p><b>If you have taken time off to support a dependant under 6.4-6.6 in the last twelve months, provide dates when leave was taken and reason:</b></p>	
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\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

**Part 3 – Authorisation**

<p><b>A - Line manager considered application - approve YES <input type="checkbox"/> NO <input type="checkbox"/> (If not approved please provide reason)</b></p>		
	<b>Requested</b>	<b>Approved</b>
<b>Date from:</b>		
<b>Date to:</b>		
<b>Number of working days if less than a full working week:</b>		
<b>Full day / part day (please delete)</b>		
<b>Times requested if less than a full day:</b>		
<b>Total No of weeks:</b>		
<b>Other arrangement:</b>		
<p><b>Signature –</b> <span style="float: right;"><b>Date -</b></span></p> <p><b>If approval varies from request please give details and any review period agreed –</b></p> <p><b>If yes, what, management action will be taken in order to maintain service provision during period of leave (this will apply more often during prolonged period of leave) –</b></p>		

<p><b>B –Executive Director of Service / Nominated Officer considered application – approve</b>  <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b></p>	
<p><b>Signature –</b></p> <p><b>If no, reason(s) –</b></p>	<p><b>Date –</b></p>

<p><b>C – Copy of completed form with decision to be provided to employee by line manager:</b>  <b>Date form provided to employee –</b></p>
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**Line manager will advise payroll of the period of leave authorised.**