

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.	
Employee name:	
Service/Division:	
Job title:	
Employee number:	
Continuous service start date*	

*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)	<input type="checkbox"/>
6.5 Serious/Long Term Condition	<input type="checkbox"/>
6.6 Post-Operative Recovery	<input type="checkbox"/>
<u>Further Information</u>	

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Evidence attached (please tick): <input type="checkbox"/> Letter from GP <input type="checkbox"/> Letter from hospital <input type="checkbox"/> Letter from consultant	Evidence attached (please tick): <input type="checkbox"/> Supporting memo from line manager <input type="checkbox"/> Other (please give details below):
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Leave requested:	
Date from:	
Date to:	
Number of working days if less than a full week:	
Full day / part day (please delete)	
Times requested if less than a full day:	
No of weeks:	
Other arrangement:	

<p>Do you have any other relatives or friends who can share the caring responsibility? YES</p> <p><input type="checkbox"/> NO Please give details:</p>
<p>If you answered yes to the above question, does your relative or friend work for North Lanarkshire Council? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If your relative or friend works for NLC, please provide further details:</p> <p>Employee name: _____ Service/division: _____</p> <p>Job title: _____</p> <p>Has the above named –</p> <ul style="list-style-type: none"> ▪ Applied for time off to support your dependant? YES <input type="checkbox"/> NO <input type="checkbox"/> ▪ Has it been approved? YES <input type="checkbox"/> NO <input type="checkbox"/> DECISION PENDING <input type="checkbox"/> ▪ If it has been approved, please detail the dates to/from and the amount of leave being taken:

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:

Employee Signature

Date

Part 3 – Authorisation

A - Line manager considered application - approve YES ☐ NO ☐ (If not approved please provide reason)

	Requested	Approved
Date from:		
Date to:		
Number of working days if less than a full working week:		
Full day / part day (please delete)		
Times requested if less than a full day:		
Total No of weeks:		
Other arrangement:		

Signature –

Date -

If approval varies from request please give details and any review period agreed –

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 –Executive Director of Service / Nominated Officer considered application – approve

YES ☐ NO ☐

Signature –

Date –

If no, reason(s) –

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C – Copy of completed form with decision to be provided to employee by line manager: Date form provided to employee –
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<div>____/____/____</div> <div>Line manager will advise People Operations of the period of leave authorised.</div>
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