**Special Leave Policy**

**Application for Carer’s Leave**

**Carer’s Leave available for employees with 26 weeks continuous service**

* **Up to a maximum of 26 weeks carer’s leave in any one year (January – December)**
* **First thirteen weeks on full pay**

* **Followed by thirteen weeks on half pay**

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

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| **You can apply for carer’s leave if you have 26 weeks continuous service at the date of commencement of your period of carer’s leave. You must submit this application to the Head of HR & Payroll at least four weeks prior to the proposed date. However, if this is not feasible, reasonable notice should be provided.** | |
| **Employee Name:** |  |
| **Section + Location :** |  |
| **Job Title :** |  |
| **Employee Number:** |  |
| **National Insurance no.:** |  |
| **Continuous Service Start date:** |  |

**Part 2 – Reason(s) for Carer’s leave (to be completed by Employee)**

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| **I am applying for carer’s leave for the following reason(s) (Please detail) –**  **Please attach evidence to support your application. This could be –**   * **A letter from GP/Hospital/consultant confirming your dependants stay in hospital; confirming their discharge** * **A letters from a GP/hospital/consultant confirming likely recovery time** * **A letter confirming respite care required for your dependent** | |
| **Carer’s leave requested for the following period :**  **Date From:**  **Date to: Number of Days/Weeks:** | |
| **Do you have any other relatives or friends who will share the caring responsibilities? YES □ NO □** | |
| **If you answered yes to the above question, does your relative work for North Lanarkshire Leisure? YES□ NO □**  **If your relative works for NLL please provide further details of that individual –**  **Employee Name:**  **Section + Location:**  **Job Title:**  **Has the above named –**   * **Already applied for carer’s leave to support your dependant?**   **YES □ NO □**   * **Has it been approved? YES □ NO □ DECISION PENDING □** * **If it has been approved, please detail the date to/from and the amount of carer’s leave.** | |
| **If you have taken carer’s leave in the last twelve months, provide dates when leave was taken and reason:** |  |

**Employee’s Signature Date**

**Part 3 – Authorisation (to be completed by Head of HR & Payroll or nominated Officer)**

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| **A – Head of HR & Payroll considered application – approve YES □ NO □**  **Signature –**  **Date –**  **If no, Reason(s) –** | |
| **Summary of carer’s leave approved in this application –** | |
| **Number of days/weeks full pay –** | **Number of days/weeks half pay -** |
| **Dates from/to -** | **Dates from/to -** |