**APPENDIX 2 – CARERS LEAVE APPLICATION FORM**

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| **RENFREWSHIRE COUNCIL****CARERS LEAVE REQUEST FORM - HR&OD/CL/2** |  |
| **Note to the employee** |
| This form should be used to make a request for paid Carers Leave. Please ensure all sections are completed before sending to your line manager for their consideration.  |
| **Note to the line manager** |
| On receiving a request for paid carers leave, the line manager should discuss the request withThe employee, taking into account the carer’s personal circumstances. The line manager must clarify the reasons for the request with the employee and ensure that carers leave is the most appropriate option. Before reaching a decision on the request, the line manager should consider the following:* the carers relationship to the relative or partner;
* the nature of the relative or partner’s illness;
* the expected duration of the carers leave;
* the operational impact on service delivery and costs associated with any backfilling if required and/or whether work needs to be redistributed.
 |
| **1. Personal details** |
| **Name:** |
| **Designation:** |  | **Service:** |  |
| **Work location:** |  | **Home Address:** |  |
| **Employee number:** |  | **Work phone Number:** |  |
| **2.** **Carers Leave Request** |  |
| I confirm I am eligible to apply for paid Carers Leave and I listed on the Carers Register as perSection 5 of the Carers Leave Policy. I would like to request paid Carers Leave as detailed below: |
| **Start Date** | **End Date** | **No of days requested** | **Reason for Request** |
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| **3. Carers Leave Request Form Declaration** |
| I confirm that all information I have given on this form is accurate. If this request is found not to be genuine the Council’s Disciplinary Procedures will be applied.  |
| **Signature:****Date:** |
| **4. Outcome of Carers Leave request – To be completed by the line manager** |
| **Manager Name:** |  |
| **Designation:** |  |
| **Request Approved/Declined** |  |
| **If the request is declined please provide the reason:** |
| **HR & OD Representative:** | I have checked that the employee is listed on the Carers Register and meets the qualifying criteria. **Signature:** **Date**:  |
| **Date passed to CBS & Payroll:****(if approved)** |  |