

CONFIRMATION OF CARER’S LEAVE FORM (FORM CL2)

TO BE COMPLETED BY BOTH THE EMPLOYEE AND THE HEAD OF DEPARTMENT.

This form must be completed by the employee and the Head of Department concerned, not later than **two weeks** prior to the commencement date of the Carer’s Leave. The employee must provide the Head of Department with a copy of the decision of the Deciding Officer of the Department of Social Protection (DSP), that the care recipient is a relevant person. **The applicant is not entitled to Carer’s Leave until s/he has done so.**

**NAME OF EMPLOYEE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAFF NO.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PPS No. \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved date of commencement of Carer’s Leave: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duration of Carer’s Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the leave be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of return to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Head of Department/Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: A copy of the decision of the DSP must be submitted to the Dept. of Human Resources, with this form.**