



## Application for Unpaid Leave for Medical Care Purposes

To be completed by an employee who takes *or intends to take leave for medical care purposes as soon as reasonably practicable before the leave is intended to be taken or after the leave is taken.*

Name of employee: \_\_\_\_\_

Department: \_\_\_\_\_

Staff ID \_\_\_\_\_

Name and address of person in need of significant care or support for a serious medical reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of employee to the person specified above:

\_\_\_\_\_  
\_\_\_\_\_

Please outline a statement of the facts relating to the events of requiring the leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of leave for medical care purposes: \_\_\_\_\_

### Evidence

The employer reserves the right to request relevant evidence relating to the need of the person for the significant care or support concerned. Such relevant evidence may include:



- A medical certificate stating that the person named in the certificate is (or where the leave has already been taken) was in need of significant care or support for a serious medical reason and signed by a registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007, or;
- If the employee does not have a medical certificate such evidence as the employer concerned may reasonably require in order to show that the person concerned is or was in need of significant care or support for a serious medical reason.

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### **Declaration**

I declare that the information given by me above is true, accurate and complete.

Signed: \_\_\_\_\_  
(Employee)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Line Manager)

Date: \_\_\_\_\_