**Appendix 3 – Carer Positive Leave Request Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note to the employee: | | | | |
| This form should be used to make a request for paid Carer Positive 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 Carer Positive Leave, you should discuss the request with the employee, taking into account the carer’s personal circumstances. You must clarify the reasons for the request with the employee and ensure that Carer Positive Leave is the most appropriate option.  Managers should check with HR that the employee is on the Carer Positive Register. | | | | |
| Personal Details | | | | |
| Name: | | | | |
| Job Title: | | | | |
| Employee Number: | | | | |
| Carers Leave Request | | | | |
| I confirm I am eligible to apply for paid Carer Positive Leave and I am listed on the Carer Positive Register as per the Carer Positive Policy.  I would like to request paid Carer Positive Leave as detailed below: | | | | |
| **Start Date:** | **End Date:** | | **No of days/hours required:** | **Reason for leave:** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| 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: | | | | |
| Outcome of Request (to be completed by the manager) | | | | |
| Managers Name: | |  | | |
| Job Title: | |  | | |
| Request Approved/Declined: | |  | | |
| If the request is declined, please provide the reason: | | | | |