



Unpaid Leave for Medical Care Purposes Form – HR 108 (u)

The *Work Life Balance and Miscellaneous Provisions Act 2023* provides a statutory entitlement for employees to leave without pay for the purposes of providing personal care or support to specified persons who are *in need of significant care or support for a serious medical reason*. An employee may be granted up to a maximum of **5 days** in any period of 12 consecutive months. The leave must be taken in periods of at least one day.

Please refer to HSE HR Circular 017/2023 <https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circulars-2023.html>

This confirmation form is to be completed by employees who intend to take or have taken leave for medical care purposes.

Where applicable, please complete online, print off, sign, scan and forward to your local processing unit.

| Section 1. To be completed by the employee | | | | | | | | | |
|---|-------------------|--|--|--|--|--|--|--|--|
| Surname: | First Name: | | | | | | | | |
| Grade: | Personnel number: | | | | | | | | |
| Location: | PPS No: | | | | | | | | |
| Section 2. To be completed by the employee | | | | | | | | | |
| Please indicate the person who is in need of significant care or support for a serious medical reason (tick the appropriate check box) | | | | | | | | | |
| (i) A person of whom the employee is the relevant parent | | | | | | | | | |
| (ii) The spouse or civil partner of the employee | | | | | | | | | |
| (iii) The cohabitant of the employee | | | | | | | | | |
| (iv) A parent or grandparent of the employee | | | | | | | | | |
| (v) A brother or sister of the employee | | | | | | | | | |
| (vi) A person, other than one specified above, who resides in the same household as the employee | | | | | | | | | |
| <p>Note :</p> <p>When you have submitted your confirmation document, your manager may request you to provide information in relation to-</p> <p>(i) your relationship with the person in respect of whom the leave for medical care purposes is proposed to be taken or was taken,</p> <p>(ii) the nature of the personal care or support required to be given by you to the person concerned, and</p> <p>(iii) relevant evidence relating to the need of the person for significant care or support.</p> <p>Relevant evidence means-</p> <p>a) A medical certificate</p> <p style="padding-left: 40px;">i. 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</p> <p style="padding-left: 40px;">ii. signed by a registered medical practitioner</p> <p style="padding-left: 20px;">or</p> <p>b) If the employee does not have a medical certificate, such evidence as your manager 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.</p> | | | | | | | | | |

Section 3. To be completed by the employee

Please give a statement of the facts entitling you to take medical care leave for this person :

