Unpaid Leave for Medical Purposes Policy

**Purpose & Aims**

The purpose of this policy is to uphold our employer obligation of facilitating Unpaid Leave for Medical Purposes as per the Worklife Balance & Miscellaneous Act 2023. The Act contains an entitlement for employees to up to 5 days unpaid leave (in any period of 12 consecutive months) for serious medical care purposes, to provide personal care or support to certain specified persons, including: a child, spouse/civil partner, cohabitant, parent or grandparent, brother or sister or a person who resides in the same household as the employee, where any of those persons is in need of significant care or support for a serious medical reason.

**Who can apply for this Leave**

Employees can apply for the leave to care or support your:

* Child (including an adopted child)
* Spouse or civil partner
* Cohabitant
* Parent or grandparent
* Brother or sister
* Housemate (any other person to those listed above who lives in the same house as you)

The person must need significant care or support for a serious medical reason.

Employees do not need any minimum service with your employer to take this leave.

**Applying for Unpaid Leave for Medical Purpose**

* An employee who has taken or intends to take leave for medical care purposes must as soon as reasonably practicable provide a signed confirmation of this to their Line Manager.
* This confirmation must specify the date and duration of such leave and a statement of the facts entitling the employee to the leave. (Below Request Form is sufficient).
* On receipt of such confirmation, can request that the employee provide further information in relation to the employee’s relationship with the person who required care, the nature of the care required and relevant evidence relating to the need for significant care.
* Authorisation of the Leave will be communicated within 5 working days.
* Notice is not required in Emergency circumstances. However, if possible notice should be provided in order for business needs to be met.

**Protection of Employment Rights**

The employee will be treated as if they are in work during leave for medical care. This means:

* You are entitled to return to work in the job you held immediately before you started the leave
* You don’t count your time on leave as breaking your continuous service
* You must not be dismissed for taking or asking to take the leave
* You must not be victimised for taking or asking to take leave for medical care.

**Abuse of this Policy**

Any abuse in the application of this policy will be dealt with in accordance with the Company’s Disciplinary Policy and Procedure and may result in disciplinary action being taken, up to and including dismissal if proven to have occurred.

**Unpaid Medical Leave for Care Purposes**

**Request Form**

**Please Note**

* For the purposes of providing personal care and support to certain specified persons
* No Service Level is required
* Periods of Leave must be taken for at least 1 day
* Leave can be taken in single or multiple days
* Notice given if possible or can be used in Emergency circumstances
* Entitlement to maximum 5 days unpaid leave in any period of 12 consecutive months

**Personal Details**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part- Time  Full-Time 

**Details**

Proposed Commencement Date/Date Leave was taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Return Date/Date Leave Ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who is being supported & relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of support required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Documents Attached (i.e. Hospital Appointment Card) Yes  No 

Please note: The medical evidence does not need to state the nature of the medical condition. It only needs to be a statement of fact that the person is, or was, in need of significant care or support for a serious medical reason.

Unpaid Medical Leave taken in last 12 months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**

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

 Employee

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager