**July 2023**

**Leave for medical care purposes enacted as part of the**

**Work Life Balance and Miscellaneous Act 2023**

The Act contains a new 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.

For the purposes of the Act, a person is considered to be “in need of significant care or support for a serious medical reason”, where, owing to a person’s disability, injury or illness, they require such care and support that includes the presence of the employee at the place where the person is. There is no service requirement needed to avail of this leave and the leave must be taken in periods of at least one day.

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 employer. This confirmation must specify the date and duration of such leave and a statement of the facts entitling the employee to the leave.  Their employer, 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.

The law covering leave for medical care is the [Work Life Balance and Miscellaneous Provisions Act 2023.](https://www.irishstatutebook.ie/eli/2023/act/8/enacted/en/print.html)

Unpaid leave for medical care is different to [force majeure leave](https://www.citizensinformation.ie/en/employment/employment-rights-and-conditions/leave-and-holidays/types-of-leave-from-work/#48e41d), which is paid leave for an urgent family crisis.

**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