IRELAND CARER'S LEAVE APPLICATION FORM (CAR1 Form)

TO BE COMPLETED BY THE EMPLOYEE, APPROVED BY EMPLOYEE'S MANAGER, AND THEN SUBMITTED TO THE DEPARTMENT OF HUMAN RESOURCES.

NAME OF EMPLOYEE: _____ EMPLOYEE NO. : _____

DEPARTMENT: _____

Dates of Carer's Leave (*please show dates as dd/mm/yy*)

PROPOSED START DATE: _____ PROPOSED END DATE: _____

PROPOSED STRUCTURE OF LEAVE: _____

(i.e. 13 weeks minimum, 104 weeks maximum, block period)

HAVE YOU PREVIOUSLY TAKEN CARER'S LEAVE? YES ( ) or NO ( )

IF YES, PLEASE OUTLINE HOW LONG?_____

Information on Person to Whom You are Giving Care

PERSON'S NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

Confirmation of Deciding Officer's Decision: _____

(Enclose the original of the Deciding Officer's Decision regarding 'relevant person'. Leave will not be granted without this. This will be returned)

Please confirm, by placing an X in the space provided that you have read VMware's Carer's Leave Policy

I have ( )

EMPLOYEE SIGNATURE: _____ DATE: _____

MANAGER SIGNATURE: _____ DATE: _____

EMPLOYEE REMINDERS:

- *The form must be given to your Manager at least six weeks prior to the proposed date of commencement of leave and forwarded immediately to the Department of Human Resources.*
- *You must arrange pension contributions with the provider – please speak to HR for more details.*
- *An employee must have completed at least 12 months continuous service with the employer form whose employment the leave is taken before the commencement of carer's leave.*

Any agreement by the department manager to grant carer's leave is subject to final approval by the HR Department.

TO BE COMPLETED BY THE HR DEPARTMENT

Final Approval: YES ( ) or NO ( )

HUMAN RESOURCES DEPARTMENT: _____ DATE: _____

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