Ollscoil na Gaillimhe
University of Galway

Confirmation to Employer of Medical Care Leave (unpaid) Form

Employees who availed of, or wish to avail of, Medical Care Leave (Unpaid) must complete this Confirmation to Employer of Medical Care Leave (unpaid) form, obtain Line Manager approval, and submit the completed form to HR Leave Schemes (email: leaveschemes@universityofgalway.ie) as soon as practicable. Leave should be taken in a period of at least one day, and a maximum of five days in a rolling twelve-month period (i.e. "rolling" refers to the previous 12 months before the start date of the current leave). Any part-day taken will be treated as a full day for the purposes of calculating the Employee's entitlement.

Part 1 Applicant Details

Employee Name: _____

Staff ID: _____

Unit / School: _____

Part 2 Details of Leave

Relevant Person:

Name: _____

Relationship of employee to person who is need of significant care or support for a serious medical reason:	Please select one option below
Child of Employee (including adoptive or guardian)	
Spouse or civil partner	
Cohabitant	
Parent or grandparent	
Brother or sister (sibling)	
A person, other than one specified above, who resides in the same household as you	

Statement of Fact:

☐ **By checking this box, I confirm that the reason I require/required Medical Care Leave (Unpaid) was to care for/ support the person referred to above, for a serious medical reason.**

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Duration:

Start Date: _____ End Date: _____

Total Days taken in this leave period: _____

Total Days taken in the previous 12 months: _____

Please note that in line with legislation, an Employee may be required to provide *relevant evidence (as may be reasonably required) in order to show that the person concerned is or was in need of significant care or support for a serious medical reason in line with Work Life Balance and Miscellaneous Provisions Act 2023.

Prior to seeking relevant evidence, the Line Manager is required to consult with a HR Business Partner or the HR Leave Schemes Team.

*Relevant evidence may include:

- A medical certificate signed by a doctor : The medical certificate 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.

- Other evidence the Employer may reasonably require.

Declaration:

I declare that:

1. **The details above are true and complete, and that I have not exceeded the statutory entitlement to Medical Care Leave (unpaid) pursuant to the Work Life Balance and Miscellaneous Provisions Act 2023 (i.e. 5 days within the previous 12 months).**
2. **I understand and accept the terms and conditions of the Medical Care Leave (unpaid) Policy.**
3. **I undertake that any overpayment of salary which may arise from my participation in this leave scheme will be recouped from my salary in the next payment period.**

Signed: _____ Date: _____
Employee

Signed: _____ Date: _____
Line Manager **PRINT NAME**