**Carer’s Leave Notification Form**

**Last amended: April 2024
(Introduction of Carer’s Leave Act 2023)**

|  |  |
| --- | --- |
| **Full name of applicant** |  |
| **Job title** |  |
| **School/department** |  |
| **Name of line manager** |  |

Please note that this form should only be completed once the leave period has been approved by your line manager.

This form can also be completed by the employee’s line manager where necessary.

**Line manager approval**

I can confirm that I have discussed the dates for carer’s leave with my line manager and they have agreed to the dates stated below:

[ ]  Yes

[ ]  No

**Details of carer’s leave**

I wish to begin my leave on ………………………… (***date leave due to start***) and finish my leave on …………………………. (***date leave due to end***).

**Pension**

[ ]  I am not a member of any pension scheme.

I am a member of:

[ ]  USS

[ ]  CPAS

[ ]  CRSP

[ ]  NHS[[1]](#footnote-1) pension scheme

**Options**

**Statutory carer’s leave**

[ ]  I would like to continue paying my pension contributions at my contractual rate during the period of statutory carer’s leave

[ ]  I have considered my pension situation and understand that my contributions will be adjusted in line with my reduced monthly salary

**Additional unpaid carer’s leave**

[ ]  I have considered my pension situation and understand that my contributions will be adjusted in line with my reduced monthly salary (where applicable)

[ ]  I have considered my pension situation and understand my contributions will stop during the period of additional unpaid carers leave and will not count as pensionable service (where in a period of nil monthly pay)

[ ]  I would like, on my return to work, to repay the employee pension contributions for the period of additional unpaid carer’s leave so my membership is continuous (where scheme rules allow)

 *Please note that for members of the NHS pension scheme there is a requirement to make pension contributions during unpaid carers leave. Arrangements will be made to repay the full employee contribution for the unpaid leave period on return to work.*

**Signed: ……………………………………………………….....................................................................**

**Date: ……………………………………….............................**

**(Employee)**

**Signed: ……………………………………………………….....................................................................**

**Date: ……………………………………….............................**

**(Line manager)**

1. [↑](#footnote-ref-1)