**Long-term Carers Leave Application Form**

**Last Amended: September 2019 (brand updates)**

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| --- | --- |
| **Full Name of Applicant** |  |
| **Job Title** |  |
| **School/Department** |  |
| **Name of Head of School/Department** |  |

Please accept this notification as my application for long-term carers leave. My reason for applying for leave is (***please briefly describe the reason in the box below***):

**Details of Long-Term Carers Leave**

I have discussed my application with my Head of School/Department and we have agreed (subject to confirmation by the HR Business Partner) the following (***please give proposed dates and details of the long-term carers leave arrangement requested in the box below including any pay implications***):

**Details of application for unpaid long-term carers leave**

I have discussed my application for unpaid long=term carers with my Head of School/Department. I wish to begin my leave on ………………………….. (***insert date leave due to start***) and finish my leave on …………………………. (***insert date leave due to end***).

**\*Tick or delete the following as appropriate**

□ I have discussed my application for a time limited flexible working arrangement with my Head of School/Department. This will mean I change my working pattern for a period of up to a maximum of 13 calendar weeks, whereby I will be **paid** for the hours worked (detailed above) on a pro rata basis, after which I revert back to the original working pattern.

□ I am not a member of any pension scheme.

I am a member of:

□ USS

□ CPAS

□ CRSP

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

□ I have considered my pension situation and understand during any unpaid long-term carers leave that my membership will be suspended which may have implications for benefits such as death in service and ill health retirement.

□ I would like (subject to scheme rules allowing this) to continue making pension contributions during my unpaid long-term carers leave so that my membership is continuous.

□ If a member of USS only, I would like to (subject to scheme rules allowing this) pay a special contribution so that if I die or become incapacitated and cannot return to work I will be entitled to the normal death in service or ill health retirement benefits.

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

**(Employee)**

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

**(Head of School/Department or designated nominee)**

**Please print name: …………………………………………………………………………………………….**

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

**(HR Business Partner)**

**Please print name: ……………………………………………………………………………………………**

□ **Tick when Payroll & Pensions Administrator informed Date………………………………**

1. 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. [↑](#footnote-ref-1)