

Application form for carer's leave credits

Employee's name:

Employee's address:

Employee's telephone no:

To be completed by your employer on your return to work

PPS No:

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I/We certify that the above named employee has taken carer's leave as follows:

From:

To:

Total no. of weeks:

Signed by or for employer:

Name:

(not block letters)

Position in company or organisation:

Employer's Registered No:

Employer's telephone no:

Employer's Official Stamp:

Date:

Send this completed form to:

Department of Social Protection

Government Buildings,
Client Eligibility Services,
Inner Relief Road, Buncrana,
Co. Donegal.