

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 Employment Affairs and Social Protection

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

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.