



Procedure No: 67

Revision: 1

Sheet 1 of 9

Date approved: 22 May 2024

Medical Care Leave Policy

Definition: Medical care leave is to allow employees to take unpaid leave from work to provide personal care or support to other specified people.

Implementation: The legislation to allow for Medical Care leave came into effect on 3 July 2023 under Section 6¹ of the [Work Life Balance and Miscellaneous Provisions Act 2023](#) (irishstatutebook.ie)

¹ [Work Life Balance and Miscellaneous Provisions Act 2023, Section 6 \(irishstatutebook.ie\)](#)



1. Purpose

The purpose of this policy is to outline the conditions and entitlements for each employee as set out in the legislation for availing of unpaid leave for medical care purposes. It provides unpaid time off to provide support and/or care for their families or other specified individual(s) concerning a serious medical reason(s). Medical Care Leave entitles an employee to a number of days unpaid leave to be taken for individual(s) that require their assistance.

It should be noted that Medical Care Leave is different and in addition to Force Majeure. Force Majeure is a type of paid leave for unexpected and urgent family-related emergencies. Further details of this can be found in the [Force Majeure policy](#)

2. Definition of Medical Care

Medical Care leave can be granted when an eligible person is considered to be in need of *significant care or support* for a serious medical reason where, owing to the person's disability, injury or illness, they require such care and/or support that includes the presence of the employee where the individual(s) is located.

3. Eligibility for Medical Care Leave

Eligibility	<p>An employee is entitled to leave where one of the following persons is in need of <i>significant care and/or support</i> for a serious medical reason.</p> <ul style="list-style-type: none">(i) a person of whom the employee is the relevant parent (adoptive or Guardian);(ii) the spouse or civil partner of the employee;
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	<p>(iii) the cohabitant of the employee;</p> <p>(iv) a parent or grandparent of the employee;</p> <p>(v) a brother or sister (sibling) of the employee;</p> <p>(vi) a person, other than one specified in any of subparagraphs (i) to (v), who resides in the same household as the employee.</p> <p>All employees can avail of this leave type from day one of employment with the College.</p>
Significant care or support	<p>A person is considered to be in need of significant care and/or support for a serious medical reason where, owing to the person's disability, injury or illness, they require such care and/or support that includes the presence of the employee where the individual(s) is located.</p>

4. Number of days for Medical Care Leave

Leave	<p>Leave must be one or more days and an employee is entitled to five days in any period of 12 consecutive months.</p> <p>The leave cannot be taken in a period of less than one day. Part days shall be regarded as full days for the purpose of the maximum number of days an employee can take.</p>
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5. Employment rights protection

	<p>All of your employment rights, except remuneration, are protected while you are on leave for medical care purposes.</p> <p>Medical Care Leave is a period of unpaid leave from work and is non-pensionable service, however it will not be counted as a break-in service.</p> <p>Employees are entitled to return to the role that they held before commencing the leave. An employee cannot be dismissed and/or penalised for requesting to take Medical Care Leave.</p>
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6. Application Process

Application Process	<p>Employees apply for medical leave directly to their Line Manager and leave should not be availed of until the Manager has confirmed.</p> <p>Alongside a completed application form evidence of the need for Medical Care Leave will be required.</p> <p>This supporting documentation can be in the form of a note/letter from a Doctor or admission letter to a hospital.</p> <p>Note; in some situations it may not be possible for Medical Care Leave to be requested in advance, and line managers can exercise their own discretion in this situation.</p>
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7. Support for the Policy

Queries	Employee queries on medical care leave can be sent to Human Resources at HR@tcd.ie .
	Managers seeking support for the implementation of this policy should contact their Faculty /Division HR Partner, details can be found here

END POLICY



The Process

Contact your Manager	<p>An employee should inform their line manager as soon as possible when intending to apply for Medical Care Leave. They are then required to complete the application form and submit to their manager.</p> <p>Due to the nature of the leave, it may not be possible for an employee to provide sufficient notice in advance of taking Medical Care Leave, however in most cases preapproval is required.</p> <p>If it is unexpected the employee must notify their line manager when unexpected/unplanned leave is needed at the earliest opportunity</p>
Complete the form	<p>The employee should complete the Medical Care Leave form and submit this to their line manager once the need for medical care leave is known.</p>
Line Manager role	<p>The line manager will ensure the eligibility of the leave and will check that the form is completed correctly before signing. Locally they should keep a record of the number of days taken to ensure the employee does not exceed the 5 days of leave. The form should then be forwarded to hr@tcd.ie.</p>
HR Role	<p>On receipt of the form the HR team will ensure the appropriate adjustment is made to the employee's pay in the next possible payroll, will record the time on the eLeave system and confirm in writing to the employee who has taken Medical Care Leave. HR will retain the form for information purposes.</p>



Medical Care Leave Request Form

Step 1: Employee Action. Complete the information and send it to your Line Manager (via email).

Employee Name:	enter name
Staff Number:	enter name
Proposed Start Date:	enter a date
Proposed End Date:	enter a date
Duration of Leave (days)*:	enter a date
Details of Specified Individual	
Name of the Specified Individuals:	Enter name
Address of the specified individual:	Enter address
Relationship to the above individual:	Enter relationship
Statement of Facts that the Reasoning to Take Medical Care Leave	
Enter the reasoning:	

***Please note that the maximum duration for Medical Care Leave is 5 days in any period of 12 consecutive months. By completing this form you (the employee) are confirming the following:**

1. You understand that this is unpaid leave.



2. You agree to the necessary salary adjustment required for this period of leave in the next available payroll.

3. You have not availed of the 5 days leave in the preceding 12 months.

Evidence

The employer reserves the right to request relevant evidence relating to the need of the person for the significant care or support concerned. Such relevant evidence may include:

- A medical certificate stating that the person named in the certificate is, or where the leave has already been taken, was in need of significant care or support for a serious medical reason and signed by a registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007, or;
- If the employee does not have a medical certificate such evidence as the employer concerned may reasonably require in order to show that the person concerned is or was in need of significant care or support for a serious medical reason.

Data Protection

The information contained in this document will be processed in accordance with our obligations under data protection law.

As this document may contain special categories of personal data, it will be stored in a separate file. This is done to ensure the highest level of confidentiality and to ensure that only authorised personnel have access to it.

Declaration

I declare that the information given by me above is true, accurate and complete.

Signature of Employee: _____ Date: _____



Step 2: Manager Action.

Following the Manager and Employee discussion, the Manager completes and emails to the employee.

Request Approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the employee provided the necessary information and/or supporting documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Head of School/Unit/Area provided approval for the individual to take Medical Care Leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Head of School/Area: _____ **Date:** _____

Please Print Name: _____

Step 3: The manager and employee should retain a copy of this form.

Once the above form is completed, please submit the Form and Supporting documents to HR@tcd.ie.

Note for Heads/Manager: *This form may contain medical information. Adequate security measures and safeguards must therefore be implemented to ensure that the security of the data is protected.*

Step 4: HR will acknowledge receipt of the leave, make a note of the absence and action the necessary salary adjustment.

END PROCESS