**SPECIAL PAID LEAVE DUE TO ILLNESS OF CHILD AGED 18 YEARS AND UNDER  
(DEPENDANT EMPLOYEES)**

**Employee:**

Full Name & Title (Mr/Mrs/Ms/Miss) ……………………………………………………………………………….……………  
*(in block capitals)*

Pay/Staff No …………………………………...………

**Child:**

Name: …………………………..…………..…..………….. DoB: ………………….………………

Name of school / Foundation Stage (if applicable): ……………………………………….………………..…………….

Due to my child’s sickness I cannot attend work

from ……………………..…….……. (first full day) to …………………………….….. (last day)

Employee’s Signature …………………………………………………………….………….

Date …………………………………..…

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**NOTE**

1. The entitlement is 10 days per child with a maximum of 25 days per family in a calendar  
year. Any excessive days will be treated as unauthorised absence and automatically deducted from  
your pay.

2. This certificate must be handed to your supervisor/Line Manager immediately on your  
return to work.

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**Instructions**

For Employing/User Unit: The completed certificate is to be annotated with the signature of the  
Supervisor/Line Manager and forwarded to LEC HR.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For LEC HR:***

*Entitlement checked Input on RLink*