



Complete the form in full
and make sure it is signed by all
relevant parties.
Then scan the form, save it in PDF
format and send it by e-mail to:

servicedesk.hrm@vu.nl

Care leave Zorgverlof

Surname, initials					
Date of birth, sex		<input type="checkbox"/>	male	<input type="checkbox"/>	female
Faculty or department					
Personnel number					

Information	VUNet > Collective Labour Agreement VUNet > Verlofschema (text in Dutch) www.overheid.nl > Wet arbeid en zorg (text in Dutch)
Application deadline	if possible 4 weeks before start date of care leave

<input type="checkbox"/>	short-term care leave <u>with</u> (partial) retention of salary - Wet arbeid en zorg, Chapter 5, Section 1			
<input type="checkbox"/>	for necessary care due to illness of spouse or partner, or children under 14			
<input type="checkbox"/>	up to 3 working days fully paid leave if presence at home is necessary (further regulations in accordance with Collective Labour Agreement, Article 10.9); this leave should be directly processed by the employee through the Self Service Portal - hrm.vu.nl			
<input type="checkbox"/>	up to 2 times the working hours per week for 12 consecutive months (Work and Care Act) minus the 3 working days' fully paid leave processed through the Self Service Portal (see above)			
<input type="checkbox"/>	for necessary care due to illness of own parents or children aged 14 or older, up to 2 times the working hours per week for 12 consecutive months (Wet arbeid en zorg)			
total leave in hours				
date of commencement	day	month	year	
end date	day	month	year	

<input type="checkbox"/>	long-term care leave with <u>no</u> retention of salary - Wet arbeid en zorg, Chapter 5, Section 2			
<ul style="list-style-type: none"> up to 6 times the working hours per week for 12 consecutive months the employee's and employer's share of the pension contributions will be borne solely by the employee if the long-term care leave exceeds 2 weeks; these contributions will be deducted from the employee's salary in the first pay period following the period of leave the long-term leave ends when the person being cared for dies 				
reason for leave				
total leave in hours				the maximum is half the working hours of the employee
date of commencement	day	month	year	
end date	day	month	year	

Continued on page 2

Work schedule during period of leave

If hours are the same in the monthly schedule for each week during the leave period, fill in the schedule for the first week only. If each week is different in the monthly schedule, fill in each weekly schedule separately in the appropriate column. The Explanatory Notes box provides space for additional information if needed.

<i>first week</i>		<i>second week</i>		<i>third week</i>		<i>fourth week</i>	
Monday	hours	Monday	hours	Monday	hours	Monday	hours
Tuesday	hours	Tuesday	hours	Tuesday	hours	Tuesday	hours
Wednesday	hours	Wednesday	hours	Wednesday	hours	Wednesday	hours
Thursday	hours	Thursday	hours	Thursday	hours	Thursday	hours
Friday	hours	Friday	hours	Friday	hours	Friday	hours

Explanatory notes

--

Employee's signature

date	signature

Signature on behalf of employer

Manager			
	name	date	signature
Personnel consultant			
	name	date	signature
Controller (optional)			
	name	date	signature