

**NOTICE OF DISPUTE TO RIGHTS COMMISSIONER
CARER'S LEAVE ACT, 2001**

PLEASE USE BLOCK CAPITALS

**Please refer to "Notes for Completion of Forms" before filling out
this form**

EMPLOYEE'S DETAILS

Name: _____

Address:

Tel: _____

E-Mail: _____

Job Title:

PPS No:

**COMPANY/EMPLOYER'S DETAILS
(Please refer to Notes for Completion of Forms)**

Name: _____

Address:

Tel: _____

E-Mail: _____

Nearest Town to Place of Employment:

Employer's Registered (PAYE) No:

**N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS DISPUTE
TO A RIGHTS COMMISSIONER?**

YES NO

Name and Address of your Representative (if any):

