

# MATERNITY/PATERNITY/ADOPTIVE LEAVE

*Please note that payment rates will vary for these different leave types as per section 4.3 in the Staff Handbook.*

Family Name: .....

Other Name/s: .....

Title: Mr/Mrs/Miss/Ms/Rev or Other (please enter) .....

Address: .....

Post Code: .....

Telephone: .....

Payroll Employee Number: .....  
(Appears on Payslip)

Annual holiday entitlement: .....

Days taken by leave date: .....

## MATERNITY LEAVE

Date baby is due: ..... (dd/mm/yy)

Maternity leave start: ..... (dd/mm/yy)

Copy form MATB1 attached: ..... (YES/NO)  
*Please note this must be provided for SMP to be paid*

## PATERNITY LEAVE

Date baby was due or born: ..... (dd/mm/yy)

I confirm that I am the baby's father or will have responsibility for its upbringing:  
..... (YES/NO)

Paternity leave start: ..... (dd/mm/yy)

Paternity leave for 1 or 2 weeks .....

Date requested for shared parental leave to commence ..... (dd/mm/yy)  
(see below)

Date baby's mother returns to work: ..... (dd/mm/yy)

**ADOPTIVE LEAVE**

Date of child placement: ..... (dd/mm/yy)

Adoptive leave start: ..... (dd/mm/yy)

**Copy of matching certificate attached Yes/No..... (YES/NO)**

*Please note this must be provided for SAP to be paid*

**Signed:** .....

**Date:** .....