

REQUEST FOR PARENTAL LEAVE

Please note that Parental Leave is unpaid. Full details are in section 4.2.3 of the Staff Handbook.

Name:

Payroll No:

Department:

Job Title:

Please complete parts A or B and part C below

A I wish to take parental leave for a period of (specify duration):

commencing on (give date DD/MM/YY):

In respect of my child (give name):

I confirm that I am the child's natural /adoptive* parent / I confirm that I have parental responsibility for this child under Children Act 1989 or Children (Scotland) Act 1995*

Child's date of birth:

Child's date of placement in the case of adoption (where applicable):

.....

Please confirm whether this child has been awarded disability living allowance:

..... (YES / NO)

B I wish to take parental leave following the birth / adoption* (where applicable) for a period of (specify duration):

Leave will commence on*:

(a) the scheduled date of placement for adoption (please specify if known)

.....

or

(b) the date of birth of the baby. My partner's expected week of childbirth is

.....

C Signature:

Date: (DD/MM/YY)

You may be asked to provide a child's birth certificate, evidence of adoption, parental responsibility, partner's EWC or child's entitlement to disability living allowance where applicable.