

**Paternity**

**Leave Request Form**

To be completed by the employee and forwarded to their line manager for authorisation

|  |  |
| --- | --- |
| **1. Personal Details** |  |
| Employee Name: |  |
| Job Title: |  |
| Staff Number: |  |
| Department: |  |

|  |
| --- |
| 1. **Leave Details**
 |
| Child’s expected date of birth / placement for adoption: |  |
| or |  |
| Child’s actual date of birth / placement for adoption: |  |
|  |  |
| Intended Paternity Leave datesWeek 1 start date:Week 2 start date: |  |
| or |  |
| Actual Paternity Leave datesWeek 1 start date:Week 2 start date: |  |

|  |
| --- |
| 1. **Declaration of Entitlement**
 |
| I am* The child’s biological father/parent or the secondary adopter

AND/OR* Married to or in a civil partnership with or the partner of the birth parent / lead adopter

I have responsibility for the child’s upbringing and I will take time off to support my partner following the birth / adoption of our child |
| Signature……………………………….. Date…………………………….. |

|  |
| --- |
| 1. **Authorisation by Line Manager**
 |
| I confirm that I have discussed the employee’s plans and arrangements for leave, including ensuring cover for while they are on leaveName………………….. |
| Signature……………………………….. Date…………………………….. |

|  |
| --- |
| 1. **For use by HR**
 |
| Notes  |
|  |

|  |
| --- |
| 1. **For use by Payroll**
 |
| Statutory Paternity payment:Adoption relegated payments: |
|  |
|  |