

**Paternity**

**Leave Request Form**

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

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

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

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| 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…………………………….. |

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| 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 leave  Name………………….. |
| Signature……………………………….. Date…………………………….. |

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