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|  | **Parental Leave Request Form** |

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| --- | --- |
| Name |  |
| Employee number |  |
| Job Title |  |
| Department |  |
| Head of Department |  |
| Contracted hours |  |

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| --- |
| If you work part time, please give a brief outline of your typical weekly work schedule: |
|  | Start | Usual lunch break | End | Total hours |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
|  |
| Please select what this request is in relation to: |
| * A child under the age of 18
 | ☐ |
| * An adopted child
 | ☐ |
| * A disabled child under the age of 18
 | ☐ |
|  |
| Child’s name |  |
| Date of birth |  |
| Request Parental Leave | from |  | to |  |
| Number of Parental Leave days/weeks taken in this year in relation to this child |   |
| Number of Parental Leave days/weeks taken to date in relation to this child |  |
|  |
| If this is your first application in relation to this child, please provide a copy of the following relevant documentation with your request (see notes for guidance): |
| * The child’s birth certificate or MATb1 form
 | ☐ |
| * Documentation confirming date of placement
 | ☐ |
| * Documentation confirming award of Disability Living Allowance
 | ☐ |
|  |
| **To be completed by the Head of Department** |
| Do you agree to this request? |  **Yes / No** |
| If no, please recommend a postponement date  |  |
| Head of Department’s signature |   | Date |   |
| Name in full |   |