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| --- | --- |
|  | **Parental Leave Request Form** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | |  | | | | | | | | | |