

PATERNITY LEAVE APPLICATION FORM

When completed and countersigned by your manager this form should be returned to the Human Resources Department. Please ensure that you attach a copy of the **Mat B1 Certificate or Matching Certificate** to this form and that all details are completed in full to avoid delay in processing your paternity application.

A: PERSONAL DETAILS (to be completed by Employee)

Name			
Home Address (Inc. Postcode)			
Telephone (home)	Telephone (work)	Hours of work per week	
Department	Employee No.	NI number	
Tick this box if you have more than one post within the UHB		Tick this box if you work for the UHB Nurse Bank	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B: EMPLOYMENT DETAILS

Please list employment details for the past **2 years** (present post first)

EMPLOYER	POST	FROM	TO

C: PATERNITY LEAVE DETAILS (including Nominated Carers)

Expected Week of Childbirth/date adopted child will be placed with you		/	/
I wish to commence Paternity Leave on: (This cannot start before the above date)		/	/
How much Paternity Leave to do you wish to apply for (please delete as appropriate)? Please note that the two weeks must be taken consecutively	One Week only Two Weeks		

Declaration (please sign one):

I declare that:

- I will have responsibility for the child's upbringing AND
- I will take time off to care for the child (or for Ordinary Paternity Leave ONLY to support the child's mother)
- AND I am EITHER:
The biological father of the child
OR
Married to / partner of the child's mother or person adopting the child (please delete as appropriate)

SIGNED.....
DATE.....

I declare that:

- I have been nominated to assist in the care of the child and provide support to the mother at or around the time of the birth

SIGNED.....
DATE.....

This application is endorsed by: SIGNED (Manager)		Date	
PRINT NAME IN FULL (Manager)			
JOB TITLE			
Annual Leave arrangements agreed:			
Flexible Working arrangements			

agreed:			
FOR USE BY HUMAN RESOURCES ADVISORY TEAM			
Paternity Leave Dates Approved:		From:	To:
Signed (Human Resources):		Date	