



# PATERNITY LEAVE APPLICATION FORM

↓ Download and save this form before completing.

- This form is online and it is not intended that it is printed - it can be emailed and signed electronically (see guidance at the end of this form\*).
- Before completing this form, please read the [Family Leave Policy](#).
- Text boxes have a character limit - you can write more but it will not be visible if you choose to print it.

## PERSONAL DETAILS

Surname:	Forenames:	Title:
Department/Section/Centre:		
Work phone:	Work email:	

## DETAILS OF PATERNITY LEAVE

<p>Expected week of childbirth/placement of child:</p> <p>(Please attach a copy of the original MAT.B 1/matching certificate given to you by your partner's midwife/GP/adoption agency)</p>
<p>Planned date of commencement of paternity leave and pay :</p>
<p>Planned date of return from paternity leave:</p>

## EMPLOYEE DECLARATION

<p>I declare that:</p> <p>I will care for the child during the Paternity Leave period <input type="checkbox"/></p> <p>I am the child's father or am the spouse, partner or civil partner of the mother <input type="checkbox"/></p> <p>I expect to have the main responsibility (apart from the mother or other adoptive parent) for the upbringing of the child <input type="checkbox"/></p> <p>The information I have provided is correct <input type="checkbox"/></p>
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Employee Signature:

Date:

THIS APPLICATION FORM SHOULD BE SUBMITTED TO [HR](#), WITH A COPY TO YOUR LINE MANAGER **NO LATER** THAN THE 15TH WEEK **BEFORE** THE EXPECTED WEEK OF CHILDBIRTH.

\* To sign the form, click "fill and sign" and then "sign". Signatures can be done in three ways: typing your name, writing your signature using your mouse, uploading a JPEG image of your signature. Once signed, the form cannot be amended - this is to protect the form.

**Before you print: remember**, this form is not intended to be printed. If any text boxes contain more text than the character limit, this will not be visible when printed.