University of Essex

Parental Leave (Unpaid)
Application Form

Personal Details

Surname:	Forenames:	Title:

Department/Section/Centre:

Work phone:	Work email:

Details of Parental Leave

The child was born on:

The child: is disabled ☐ is not disabled ☐

I want to be away from work for: one week ☐ two weeks ☐ three weeks ☐ four weeks ☐

For the week(s) commencing:

Week one:	Week two:
Week three:	Week four:

OR My child is disabled and I want to take parental leave on the following dates (see below):

Date:	Date:	Date:

The limit on how much parental leave can be taken is a maximum of 4 weeks in any 12 month rolling period after a qualifying years' service (unless the University agrees otherwise). Unless the child is disabled, or the University agrees otherwise, leave should be taken in blocks or multiples of one week. Parents with children in receipt of Disability Living Allowance can take parental leave in periods of less than one week.

Employee Declaration (Please tick)

☐ I am named on the child's birth certificate, or I have, or expect to have, parental responsibility under the Children Act 1989	☐ The child is below the age at which the right to parental leave ceases	☐ I will take time off work to care for the child or make arrangements for the child's welfare

Employee Signature:	Date:

THIS APPLICATION FORM SHOULD BE SUBMITTED TO **PEOPLE AND CULTURE**, WITH A COPY TO YOUR LINE MANAGER **NO LATER THAN 21 DAYS BEFORE** THE INTENDED START DATE.

*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.