PARENTAL LEAVE FORM



(Notice of intention to take Parental leave)

This form must be completed by the employee concerned not later than 6 weeks before the commencement of the leave, in line with the Parental Leave Acts 1998 to 2019.

This form and your request must specify the commencement date, duration, and mechanism for

taking parental leave. Name: Address: Commencement Date of Employment: month Department: Job Title: PPS Number: (formally RSI Number) (Figures) (Letters) Proposed date of commencement of Parental Leave: Proposed duration of Parental Leave: weeks days Manner in which to be taken (please provide a description and specify set weekly parental leave days, if taking a patterned parental leave arrangement): Proposed Date of return to work: Name of Child: Child's Date of Birth:

Please attach with this form a copy of the Birth Certificate / Adoption Order.

month

day

If you wish to revoke your notice of intention to take parental leave, you must do so in writing at least four weeks before the leave is due to commence. Note that Parental Leave is granted solely for the purpose of taking care of the above named child

year

Please sign the declaration on the reverse side of this form to confirm that the information provided here is accurate and complete.

I declare that the information given above is accurate and complete.	
Signature of Employee:	Date:
Signature of Line Manager:	Date: