**Notification of intention to take paternity leave**

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| **Personal Details** |
| Name of employee: |  |
| Department: |  |
| Employee Number: |  |

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| **Paternity Leave Details** |
| Name of child:(if name not known, write ‘baby, surname’) |  |
| Date of birth/placement of the child:(if applying in advance of the birth/placement, please include the expected date of birth/day of placement)  | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |
| I declare that I am a relevant parent.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The employee should also provide the following applicable documentation:* medical certificate confirming the expected date of birth, or
* a copy of a birth certificate, or
* a copy of the declaration of suitability, or
* a copy of the certificate of placement.
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| **Paternity Leave Dates** |
| Commencement date: | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |
| Return to work date: | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |

**Declaration**

**I declare that the information given above is accurate and complete.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employer)

*Paternity leave must be used to assist in the provision of, care to the child or to provide support to the relevant adopting parent or mother of the child, as the case may be, or both. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to disciplinary action in line with the company disciplinary procedure.*