

**Neonatal care - leave notification form**

* Employees do not have to give notice in writing for leave during the tier one period.
* If the employee is taking neonatal care leave in the tier two period, this form should be used to alongside the “Statutory Neonatal Care Pay notification form”, (available as a separate download) if the employee wishes to claim entitlement to Statutory Neonatal Care Pay.

Please ensure you read our neonatal care leave policy before completing this form to ensure you qualify for neonatal care leave and understand how it can be taken. A copy of the policy can be found on the HR pages of the website.

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| Employee name  |  |
| Department |  |
| Child’s date of birth (and date of adoption where relevant)  |  |
| Date(s) the child started receiving neonatal care  |  |
| Date(s) the child stopped receiving neonatal care  |  |
| Start date of proposed neonatal care leave  |  |
| Number of weeks leave to be taken |  |
| *Please note that you are required to give notice of your intention to take neonatal care leave. If the child is no longer receiving care, this is either 15 days for one week of leave or 28 days for two or more weeks of leave.* |

**Declaration**

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| I am entitled to take neonatal care leave because: |
| I am either:* at the date of birth:
	+ the child’s parent
	+ the child’s intended parent
	+ the partner of the child’s mother
* at the date of placement:
	+ the child’s adopter
	+ the child’s prospective adopter
	+ the partner of either of the above
* have, or expect to have, responsibility for the upbringing of the child
 |[ ]
| I am taking the leave to care for the child in question  |[ ]
| I have not exceeded my entitlement to neonatal care leave  |[ ]
| I have given at least the required amount of notice.  |[ ]

I understand that if I knowingly misuse neonatal care leave, e.g. request or take neonatal care leave for a purpose other than that intended by the statutory right to take neonatal care leave, I may be subject to disciplinary proceedings.

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| Signed: |  |
| Date: |  |