

**Parental Leave Form**

If you wish to take parental leave please complete this form outlining your request and forward to your Dean of Faculty/ Head of Service.  Should a postponement be necessary, your Dean of Faculty/ Head of Service will, no later than seven days after receiving your notice to take parental leave, discuss the postponement with you and give notice of the postponement in writing, including the reason and the alternative dates proposed when the parental leave can be taken. This form will be forwarded to the Human Resources Department and kept confidentially, in accordance with the requirements of the Data Protection Act.

Parental Leave should not be confused with [Shared Parental Leave](http://www.acas.org.uk/index.aspx?articleid=4911%22%20%5Co%20%22Shared%20parental%20leave%20and%20pay) which is an entitlement for eligible parents of children due to be born or adopted on or after 5 April 2015 and which enables eligible parental to choose how to share the care of their child during the first year of birth or adoption. (see Shared Parental Leave Policy and Shared Parental Leave Entitlement and Booking Form)

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| **Section 1 (to be completed by the staff member)** |
| The baby is due to be born/placed on: (DD/MM/YY) |
| **Or** |
| The child’s date of birth/placement date is:       (DD/MM/YY) |
| The child is entitled to disability living allowance: Yes [ ]  No [ ]  |
| I would like my parental leave to start on:       (DD/MM/YY) |
| and finish on:       (DD/MM/YY) |
| **Declaration (all boxes must be ticked)****I declare that:*** I am the baby’s mother or father, or I have, or expect to have, parental responsibility under the Children Act 1989 [ ]
* I have one years continuous service with the University [ ]
* The child is below the age at which the right to parental leave ceases [ ]
* I will be taking time off to care for the child or to make arrangements for the child’s welfare **[ ]**
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| **Staff members signature:** **Date:**  |
| **Name (Block capitals):**  |
| **Dean of Faculty/Head of Service:**  |

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| **Section 2 (to be completed by the Dean of Faculty/Service)** |
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| **Delete as appropriate**I have discussed the application with       and their application meets the criteria for leave to be granted. **Or**I have discussed the postponement of the requested parental leave with the staff member and have written to confirm this postponement and outlined in that letter suggested alternative dates when the parental leave can be taken.A copy of the letter sent to the staff member should be attached to this form |
| **Dean of Faculty/ Head of Service signature:**  |
| **Name (Block Capitals):**  |
| **Faculty/Service:**  |
| **Section 3 (to be completed by HR)** |
| **Received by HR on: (date)**  |
| **Payroll informed on: (date)**  |
| **Parental Leave Record**  |
| Of the total 18 weeks unpaid parental leave entitlement this agreed application represents |
| **Days:** **and/or weeks:** |
| Staff members are entitled to take up to 4 weeks unpaid parental leave in any one calendar year |
| **For the calendar year**  |
| **The staff member has****Days and/or** **Weeks**  |
| **Remaining of their entitlement** |