**Application for Paternity Leave[[1]](#footnote-1)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Relevant Parent:**

Expected / Actual Date of Birth, or Date of Placement of the Child: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Please also enclose:**

-Your completed **PB2** Form

**and** one of the following:

- a Doctor’s certificate confirming the expected birth date **or**

- child’s birth certificate **or**

-adoption certificate with this application or as soon as possible thereafter.

The two weeks of Paternity Leave must be taken consecutively at the time of the birth/adoption or up to twenty-six weeks after the birth/adoption.

**Proposed start date of Paternity Leave:**

**Proposed end date of Paternity Leave:**

**Signature of Staff Member:**

 **Date:**

**To be completed by the Head of School, Discipline or Area**

I confirm that I have approved the above leave in accordance with the scheme as setout in the University’s Paternity Leave Policy and the following documents are attached:

1. Certificate showing expected date of birth/placement of the child or child’s birth certificate.

2. Paternity Leave Benefit form

**Signature of approver Head of School, Discipline or Area:**

 **Date:**

**Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please note that the 26 weeks continuous employment requirement applies to all new staff as and from XX/XX/20XX. For staff who were in employment on or before the XX/XX/20XX the continuous employment rule comes into effect on the XX/XX/20XX. – Are these dates to be filled in? [↑](#footnote-ref-1)