



Application for Paternity Leave¹

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: ____/____/____ **Proposed return to work date:** ____/____/____

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 set out 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 28/02/2018. For staff who were in employment on or before the 28/02/2018 the continuous employment rule comes into effect on the 01/09/2016.