|  |  |
| --- | --- |
| **Name:** |  |
| **Place of Work:** |  |
| **Job Title:** |  |
| **Employee Number :** |  |
| **Start date of employment:** |  |
| **Continuous Service Start Date:** |  |
| **What date is the baby due?** |  |
| **If the baby has been born,** **what was the date of birth?** |  |
| **How much leave would you like to take?** | ONE WEEK / TWO WEEKS *(delete as appropriate)* |
| **Date you would like paternity leave to start?** | **Week 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Week 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(if applicable)* |
| **You must be able to tick all 4 boxes below to qualify for paternity leave. If you are not eligible, you may still be entitled to Maternity Support Leave – contact the Trust HR Department for further details.** |
| **I declare that:** |
| **I am –** * **the baby’s biological father, or**
* **married to the mother, or**
* **living with the mother in an enduring family relationship,**

**but am not an immediate relative** |  |
| **I have responsibility for the child’s upbringing** |  |
| **I will take time off work to support the mother or care for the child** |  |
| **I will provide a copy of the MATB1 certificate** |  |
| **Employee signature:** | **Date:**  |
| **Line Manager signature:** | **Date:** |

**APPLICATION FOR PATERNITY LEAVE – PATFO1**