|  |  |  |
| --- | --- | --- |
| **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**