

Parental Leave Application Form

Name:	Payroll Number:
Contact Number:	
Your role:	
Department / Shift Pattern:	
Line Manager:	Date Manager Informed:

I intend to start my Parental leave on:	
I will return to work on:	
The total number of days I will take is :	

I confirm I meet each of the eligibility criteria as follows:

I have one year's service with the Company

I am: the mother, father, adopter, guardian or foster parent of the child; or married to or the partner of the child's mother, father, adopter, guardian or foster parent

I am making this request to help me care for the child

I have not exceeded the 4 weeks maximum entitlement for each child within a 1 year period

I understand that the leave is unpaid and that the Company requires time to consider my application before confirming a decision to me.

Signed Colleague:
Signed: (Line Manager)
Signed: (HR)

Date:

Date:

Date: