

# Paternity Advisory Form



<b>Your name:</b>			
<b>The best contact number to reach you on:</b>			
<b>Your role:</b>			
<b>Department / Shift Pattern:</b>			
<b>Your Line Manager:</b>		<b>Date Manager Informed:</b>	

**I intend to start my paternity leave on:**

**My baby is due on:**

**I provided my partner's MAT B1 certificate on:**

## I INTEND TO TAKE ORDINARY PATERNITY LEAVE

**My OPL will commence on:**

**My OPL will cease on:**

## I INTEND TO TAKE SHARED PARENTAL LEAVE

**My SPL will commence on:**

**My SPL will cease on:**

## DATES OF ANNUAL LEAVE

**Dates of Annual Leave to be requested:**

**Holiday form completed:**

**I will return to work on**

**Signed: (Colleague)**

**Signed: (Line Manager)**

**Signed: (HR)**

Date DD / MM / YYYY

Date DD / MM / YYYY

Date DD / MM / YYYY

## FOR OFFICE USE ONLY

Confirmed receipt to colleague: DD / MM / YYYY

Payroll advised: DD / MM / YYYY

Health & Safety team advised: DD / MM / YYYY