

Paternity Advisory Form



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

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