

WORK/LIFE BALANCE POLICIES

ADDITIONAL PATERNITY LEAVE APPLICATION FORM

Section 1 – Applicant

NAME.....

DEPARTMENT/SCHOOL.....

I wish to apply for Additional Paternity Leave for the following period. I confirm that I will have been employed by the University continuously for 26 weeks by the fifteenth week before the expected week of birth.

Start Date of APL End Date of APL

Expected or Actual Date of childbirth

- I attach a copy of the appropriate evidence, e.g. Maternity Certificate (Form MATB1), Birth Certificate.

Your Declaration

I declare that:

- I will care for the child during the APL period
- I am the child's father or am the spouse, partner or civil partner of the mother, and
- I have, or expect to have, the main responsibility (apart from the mother) for the upbringing of the child, and
- The information I have provided is correct

Signature of Applicant Date

Section 2 – Details of the mother of the child (to be completed by the mother of the child)

NAME: ADDRESS:

.....POSTCODE

NAME AND ADDRESS OF CURRENT EMPLOYER

.....POSTCODE

Start Date of Maternity Leave

Date you intent to return to work

(this must not be less than 2 weeks after the birth of the child)

Declaration of the mother of the child

I declare that:

- I am entitled to Statutory Maternity Leave
- This is the only application for APL for this child
- I have told my employer the date I expect to return to work
- I agree the information I have provided will be used by the employer to work out entitlement to ALP
- The information I have provided is correct

Signature of mother Date