

UNIVERSITY OF DUNDEE
HUMAN RESOURCES

WORK/LIFE BALANCE POLICIES

PATERNITY / MATERNITY SUPPORT LEAVE APPLICATION FORM

Section 1 - Applicant

NAME.....

DEPARTMENT/SCHOOL.....

I wish to apply for Paternity/Maternity Support Leave for the following period (total leave of up to 10 days granted). 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.

(Dates).....

I attach a copy of the appropriate evidence, e.g. Maternity Certificate (Form MATB1)/Ante-Natal appointment. Expected date of childbirth

My relationship to the expectant mother is that of
(Please indicate whether husband, partner or nominated carer).

In the case of 'nominated carer', please give brief details of the reason you require this leave. (For example, no husband or partner available and I am the 'nominated carer' for the expectant mother who is an immediate relative/close friend, etc.)

.....

.....

.....

Note: The information provided will be used to decide on the reasonableness of the request and will be treated as confidential.

.....(Signature of Applicant).....(Date)

Section 2 - Head of Department/School

(a) I confirm that the above application is reasonable and the leave has been authorised.

(b) I do not agree that the above application is a reasonable request and the leave has not been authorised. I attach a note of the reasons for my objections which I have discussed with the applicant.

.....(Signature of Head of Department/School).....(Date)

(Delete as appropriate)

- Copy to:**
- 1. **Applicant**
 - 2. **Human Resources**

(See over for details of Policy/Procedure)

