

Parental Leave Request Form

Name _____

Job Title _____

Department _____

Head of Department _____

Is this a full time post: YES* / NO* (delete as appropriate).

If NO, please give a brief outline of your typical weekly work schedule

Is this application in relation to (please tick one):

A child under the age of 5

An adopted child

A disabled child under the age of 18

Child's name _____ date of birth _____

This is a request to take Parental Leave from _____ to _____

Number of Parental Leave days/weeks taken in this year in relation to this child
days*/weeks*(delete as appropriate).

Number of Parental Leave days/weeks taken to date in relation to this child
days*/weeks*(delete as appropriate).

If this is your first application in relation to this child, please provide the following, relevant documentation (see notes for guidance):

- A copy of the child's birth certificate or MATb1 form
- A copy of documentation confirming date of placement
- A copy of documentation confirming award of Disability Living Allowance

This section is to be completed by the Head of Department:

I agree to this request*

I am unable to agree to this request and recommend a postponement to _____*
(* delete as appropriate)

Head of Department's signature _____ Date _____

Name in full _____