PARENTAL LEAVE APPLICATION FORM

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| --- | --- |
| **Employee Name:**  |  |
| **Employee No:** |  |
| **Job Title:** |  |
| **Location:** |  |
| **Department:** |  |
| **Line Manager:** |  |

|  |  |
| --- | --- |
| 1. | I wish to apply for parental leave for the following period (this must not be less than one week): |
|  |  |  |  |  |
|  |  |
| 2. | Full name of child for which leave is being requested: |  |
|  | Date of birth of child: |  |
|  | *(please attach a copy of birth certificate and proof of disability allowance or adoption papers, if appropriate)* |
|  | Date of placement for adoption (if applicable) |  |
| 3. | If you are not named on the birth certificate please confirm which of the categories set out below you fall into: |
|  | **CATEGORY** | **Please tick if applicable** |
|  | A father who was married to the mother at the time of birth |  |
|  | A parent who has acquired parental responsibility under the Children Act 1989 |  |
|  | A guardian appointed under Section 5 of the Children Act 1989 |  |
|  | An adoptive parent |  |
|  | A spouse or partner of any of the above who is living with the child |  |
|  | A foster parent |  |
|  | A civil partner of the mother of the child |  |
|  |  |  |
| 4. | I confirm that my purpose in requesting leave is for caring for my child/children. |
| 5a. | I have taken days/weeks parental leave with previous employers (if applicable). |
|  b. | I have taken days/weeks parental leave with Carmarthenshire County Council (if applicable). |
|  |  |
| 6. | I am/am not\* employed by any other department of the Council *(please delete as applicable\*).* |
|  | If you are employed by another department please provide the following details: |
|  | Job Title: |  |
|  | Department: |  |
|  | Line Manager: |  | Tel. No.: |  |
|  | (P*lease complete for each separate employment. Continue on a separate sheet if necessary)* |
|  | If you are also making a simultaneous request for parental leave in relation to any of these other jobs, please specify for which jobs below (NB: A separate form must be completed to apply for leave from each job) |
|  |  |
|  |  |
| 7. | I understand that any false information that I give on this form may result in disciplinary proceedings being taken against me. |
|  | Signed:  |  |  |
|  | Date: |  |  |
| NB:  | Your line manager will return this form to you once a decision has been made within 7 calendar days. Leave must not be taken until you are in receipt of written authorisation. A copy of this form, once authorised, will be forwarded to the appropriate Business Support Unit so that the necessary deduction from pay can be actioned. |
|  | TO BE COMPLETED BY LINE MANAGER |
|  | Amount of leave previously taken in respect of the named child overleaf:  |  | Days/Weeks |
|  | *(Information available from People Management)* |  |  |
|  | Number of days/weeks now being requested:  |  | Days/Weeks |
|  | Parental Leave remaining: |  | Days/Weeks |
|  |  |  |  |
|  | Leave approved/postponed. |  |  |
|  | If postponed, alternative dates agreed (must be within 3 months of request date) |  |
|  | From: |  |  |
|  | To: |  |  |
|  | Reason for postponement: |  |
|  |  |
|  |  |
|  | Signed:  |  |  |
|  | Name: |  |  |
|  | Job Title: |  |  |
|  | Date:  |  |  |
|  |  |  |  |
| **NB:** | A copy of the completed form should be returned to the employee within 7 calendar days of receiving the request. A copy should also be forwarded to the Absence Team and the appropriate Business Support Unit. |