PARENTAL LEAVE APPLICATION FORM

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | | | | | |