Maternity/Adoption Support Leave Application

***This scenario applies to employees who have been elected by the expectant mum/primary adopter as the nominated carer or to employees who have less than 26 weeks continuous service at the 15th week before the EWC or in the case of adoption employees who have less than 26 weeks continuous service leading into the week in which the adopter is notified of being matched with a child i.e. not entitled to Paternity Leave and/or Statutory Paternity Pay) please tick one of the following boxes:***

|  |  |  |
| --- | --- | --- |
| **Email To:** **HRAbsenceteam@carmarthenshire.gov.uk** | | |
| **Full name:** | | **Employee Number:** |
| xx   |  | | --- | | ***I have been elected as the nominated carer and not eligible for paternity leave, please allow:*** | | 1 week Maternity/Adoption Support Leave (1 week with normal pay)  As a **Nominated Carer** – there will be a requirement for a supporting letter from the expectant mother confirming that you have been elected as the nominated carer | | | |
| ***I am an employee with less than 26 weeks continuous service at the 15th week before the EWC, please allow:***   1 week Maternity/Adoption Support Leave (1 week with normal pay) | | |
| Due date/placement date: |  | |
| If the baby has been born, please enter date of birth: |  | |
| I would like my Maternity/Adoption Support Leave to start on: |  | |

**Your declaration:**

Full name ……………………………………………………… Department …………………………………………

Signed …………………………………………………………… Date ………………………………………………