**Paternity Leave Application Form**

The purpose of this form is to apply for and notify your employer of when you would like to start paternity leave and begin receiving Statutory Paternity Pay (SPP)

|  |  |
| --- | --- |
| **To:** **HRAbsenceteam@carmarthenshire.gov.uk** | |
| **Full name:** | **Employee Number:** |
| ***I HAVE READ THE POLICY AND REFERED TO THE PATERNITY LEAVE FLOW CHARTS AND CONFIRM THAT I AM ELIGIBLE FOR PATERNITY LEAVE AND WISH TO APPLY AS FOLLOWS:*** | |

**Please tick if the Paternity Leave is for an Adopted Child 🞎**

|  |  |
| --- | --- |
| Due date/placement date: |  |
| If the baby has been born, please enter date of birth:  (N/A: if Adoption Paternity Leave) |  |
| I wish to be away from work for One / Two weeks:  (See guidance notes for payments and entitlements) |  |
| I would like my Statutory Paternity Pay Leave to start on: |  |

**I declare that I am:**

* The baby’s biological father or 🞎
* Married to the mother, or 🞎
* The civil partner or the partner of the child’s 🞎

mother

* Living with the mother in an enduring family 🞎

relationship, but am not an immediate

relative

* I have responsibility for the child’s upbringing 🞎

* I am taking this time off work to support the 🞎

mother and/or care for the child

**Your declaration:**

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

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

**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:***

|  |  |  |
| --- | --- | --- |
| **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 ………………………………………………