

**PARENTAL LEAVE DOCUMENT PACK**

**January 2018**

**V2**

**These documents are to be used in accordance with the Parental leave section of the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy.**

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| 1 | PAR1 - Application for Parental Leave |
| 2 | Letter to employee |

# Application for Parental Leave

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | **Assignment Number:** | | | | | |  | | |
| **Job Title:** | | **­** | | | | | | | | | **Base:** | | |  | | | | | | |
| **Department:** | |  | | | | | | | | | **Team:** | | |  | | | | | | |
| **Line Manager:** | | | |  | | | | | | **Hours Worked:** | | | | | **(per week)** | | | | | |
| **Date of Appointment with NHS:** | | | | | |  | | | | | **Date Joined this Organisation:** | | | | | | | | |  |
| **Address for Correspondence:** | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **Postcode:** | | | |  | | | |
| **E-mail Address:** | | |  | | | | | | | | | | | | | | | | | |
| **Contact Numbers:** | | | | | | | | | | | | | | | | | | | | |
| **Home:** |  | | | | | | **Work:** |  | | | | | | | | **Mobile:** | | |  | |
| **PARENTAL LEAVE REQUEST** | | | | | | | | | | | | | | | | | | | | |
| **Amount of Leave Requested:** | | | | | **Days / Weeks (delete as appropriate)** | | | | | | | | | | | | | | | |
| **Date Leave is to start:**  **(you must endeavour to give at least 21 days’ notice prior to requested leave starting)** | | | | | | | | | | | | | | | | | | | | |
| I request authority for the above parental leave and I accordingly authorise deduction from my pay. I understand that leave requested can be postponed in exceptional circumstances and a written explanation will be provided. | | | | | | | | | | | | | | | | | | | | |
| I have read and understood the Parental Leave Policy, including my entitlement to time off and the responsibilities of both myself and my manager. | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | | | | | | | |  | | | | | | | | | | | |
| Date: | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **To be completed by Manager** | | | | | | | | | | | | | | | | | | | | |
| **I authorise this application for Parental Leave**  **OR**  **I wish to defer this application for Parental Leave until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(enter new date)**  **This is for the following reason(s):**  **I have discussed this with the applicant and the new date has been agreed.** | | | | | | | | | | | | | | | | | | | | |
| **Manager Signature:** | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | | | | | | | | | | |
| **Job Title:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |



DATE

**Private & Confidential**

ADDRESS  
ADDRESS  
ADDRESS

Human Resources Team

eMBED Health Consortium

Tel no

Email:

Dear (NAME),

**RE: PARENTAL LEAVE (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your application to request to take Parental Leave.

As agree by your line manager, your authorised Parental Leave period is as follows:

Start date of leave: **[INSERT DATE]**

Duration of leave: \_\_\_\_\_ Days / Weeks **(DELETE AS APPROPRIATE)**

Date you will return to work: **[INSERT DATE]**

Employees who have nominated caring responsibility for a child under the age of 14, or under the age of 18 in cases of adoption or a disabled child, are entitled to 18 weeks Parental Leave, with a maximum of 4 weeks per year.

To date, including the above period, you have currently used \_\_\_ weeks Parental Leave (\_\_\_ weeks in the last 12 month period.)

As you are aware, Parental Leave is taken unpaid and as such your salary for the above period will be amended accordingly.

Annual leave will continue to accrue during parental leave, along with Bank Holidays which also accrue.

If you have any issues surrounding this outcome, or have any queries in regards to Parental leave, please do get in touch with your line manager or a member of the Workforce Team.

With best wishes

HR Support Officer

CC: Line Manager