



Paternity Leave Application Form HR 108 (k1)

This form is to be used by employees wishing to apply for Paternity Leave and should be submitted 4 weeks prior to commencement of leave.
Please complete in Block Capitals/Tick appropriate boxes.

Section 1. To be completed by the employee

Surname:	First Name:										
Grade:	Personnel No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>										
Location:	PPS No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>										
I hereby notify my employer that I intend to take Paternity Leave in accordance with the provisions of the Paternity Leave and Benefit Act 2016											
Expected date of confinement or date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>										
Expected date of adoption placement or date of adoption	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>										
Paternity leave start date	Paternity leave end date										
Signature:	Date										

Section 2. To be completed by the employee

Please indicate how you are the “relevant parent” (tick the appropriate box).

The father of the child	
The spouse, civil partner or cohabitant of the mother of the child regardless of gender	
A parent of the child as defined under Section 5 of the Children and Family Relationships Act 2015	
In the case of a child who is adopted the leave will apply to:	
A person (other than the mother of the child) who is the spouse, civil partner or cohabitant of the adopting mother or sole male adopter of the child	
Where the child is adopted jointly by a married couple of the same sex, the spouse chosen by that couple to be the relevant parent for the purposes of Paternity Leave and Benefit	

Section 3. Check List

Please ensure you submit the relevant Documentation with your application (please refer to exp. note)

Copy of the medical certificate signed by a registered medical practitioner confirming the pregnancy of the expectant mother and specifying the expected week of confinement	
Copy of the birth certificate	
Copy of certificate of placement (adoption)	
Particulars in writing of the placement (intercountry adoption)	
Copy of an applicable declaration of eligibility and suitability (intercountry adoption)	



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Section 4. To be completed by the Line Manager

I have checked the details and documentation provided by the employee and confirm that the employee is eligible to take paternity leave in accordance with the Act of 2016.

Signature: _____ Date _____

Name: _____ Grade: _____

Contact Phone Number: _____ Mobile No: _____

Email Address: _____

Section 5. Delegated Officer Approval

Name (Print) _____ Signature _____

Tel No. _____ Date _____

Decision No. _____

Section 6. To be completed by Human Resources Personnel Administration

System updated by: _____ Signature _____

Tel No _____ date _____

Comments _____

Section 7. Circulation List

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