



Parental Leave Application Form

Name:		Pay No:	
Post:		Hours:	
Department		DBH Start Date	

I wish to take a period of unpaid Parental leave from the date			From	To
This is a total of		Weeks		
Name of child to whom this Parental Leave relates				
This child is a disabled child for the purposes of Parental Leave			Yes / No	
My relationship to the child is				
Purpose of the leave is				

Declaration

I have considered my request carefully, including any impact financial or otherwise, to me personally

I can confirm that the request has been made only in order to help me care for a child who requires it and that I meet the eligibility requirements outlined in pages 5 -7.

I understand that any misrepresentation of the facts surrounding a request may result in disciplinary action and that the Trust reserves the right in such circumstances to request evidence in support of the facts given in this application.

I confirm that the request has been made for the reasons stated and that the information I have given on this form is correct and complete as far as I know and believe.

Pensionable Employees

I understand that when I return to work I will be liable for the payment of pension contributions in respect of unpaid Parental Leave. Under normal circumstances, the period over which contributions will be recovered shall equate to the length of the unpaid Parental Leave

Signed		Date	
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Application for Unpaid Paternity Leave authorised by:

Signed		Date	
Name		Job title	

This form should be completed and submitted to your line manager, a copy should be kept on your personal file, and a copy submitted to the NHS Shared Business Services (SBS).

