



APPLICATION FOR PATERNITY/NOMINATED CARER LEAVE

Up to two weeks leave can be requested where an employee has, or expects to have responsibility for a baby and is either: the biological father; the mother's husband or partner; civil partner or the nominated carer in the absence of the mother's husband, partner or civil partner, subject to appropriate need of proof; and has been continuously employed for 26 weeks as at the 15th week before the expected week of confinement (EWC) and continuously up until the date of birth.

Leave can start on any day of the week on or following the child's birth but must be completed within 52 weeks of the actual date of birth, or, if the child is born early, within the period from the date of birth up to 52 weeks after the expected week of birth.

Normal pay will be received for both weeks' paternity leave as long as the employee has 26 weeks' continuous service.

This form should be completed and submitted for your Head of Service approval unless not reasonable practicable, **no later than 28 days before the EWC** (Expected Week of Confinement). A copy will be sent to the Head of Human Resources to be placed on your personal file.

Employee N	Name:		Section/Directo	orate:				
Request for:		week(s) leave from		to				
I understand that:								
 Should I wish to change the above dates, I will give as much notice as is reasonably practicable. 								
I must notify you as soon as possible of the actual date of the baby's birth.								
 Any information that I give on this form which is false, may result in disciplinary action being taken against me. 								
Please tick as appropriate								
I am the biological father of the baby								
I am the mother's husband, partner or civil partner								
I am the nominated carer of the child in the absence of the mother's husband, partner or civil partner								
Please confirm your relationship to the mother:								
Please enclose a copy of the MAT B1 certificate or if not available, please complete Form SC3 which can be downloaded off the HMRC Website								

Signed (Employee):	Date:	
Signed (Head of Service)	Date:	



Appendix 2 Form APN1

Please ensure you retain a copy of this form for your own records.