APPLICATION FOR PATERNITY LEAVE

Please complete this form and send it with a copy of the MATB1 form to the address below as soon as possible.

All staff are asked to contact the Staff Benefits Team on 01253 951178 to discuss your Paternity rights. Visit the OneHR to find out more information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | **Post Title** |  |
| **Department / Directorate** | |  | | | | **Payroll No** |  |
| **Name of Manager** | | |  | | | | |
| **Expected Date of birth** | | | |  | | | |
| Commencement of Continuous service Date | | | | |  | | |

|  |  |
| --- | --- |
| I intend to commence paternity leave on: |  |

I intend to take:

1 weeks paid leave 2 weeks paid leave

Please tick the box which applies to the length of paternity leave you wish to take.

**Statutory Paternity Pay**

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| --- |
| If you are eligible to claim statutory paternity pay please tick this box. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employees Signature** | |  | **Date** |  |
| **Managers Signature** | |  | **Date** |  |
|  | | | | |
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**This form should be forwarded together with a copy of the MAT B1 Form to Payroll Services, as soon as it is available as Paternity Pay cannot be paid without these document, to Aster Offices, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR**