FAMILY POLICY - APPLICATION FOR LEAVE

This form is to be completed by the employee and authorised by the line manager once leave has been granted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Post Title** |  |
| **Department / Directorate** |  | **Payroll No** |  |
| **Name of Manager** |  |
| **Expected Date of birth** |  |
| Commencement of Continuous service Date / NHS Service |  |
| **Type of Leave requested:** |
| **Adoption Leave Preparation classes (max 3 days leave** |  |
| **Are you the Child’s Prime Carer?** | Yes [ ]  No [ ]  \* |
| **Dates requested:** | From |  | To |  |
|  |
| **Paternity Leave (ante-natal appointments – max 2 paid):** |
| **Are you the Child’s Prime Carer?** | Yes [ ]  No [ ]  \* |
| **Dates requested:** | From |  | To |  |
|  |
| **Fertility Treatment** |
| **Dates requested:** | From |  | To |  |
| *NB Up to 1 working week with pay in any given leave year* |
| **Parental Leave** |
| **Child’s Name** |  |
| **Dates requested:** | From |  | To |  |
| **Maximum 18 weeks leave. No of weeks already taken:** |  |
|  |
| **Dates From** |  | **To** |  |
| **Declaration** |
| I declare that the information I have provided is correct: |
| **Signed:** |  | **Date:** |  |
|  |
| **TO BE COMPLETED BY THE LINE MANAGER** |
| Number of Days recommended |  |
| **Dates (inclusive):** | From |  | To |  |
| With / Without Pay (please give details) |  |
| I support / do not support \* this application for the following reasons: |
|  |
|  |
|  |
|  |
| **Signed:** |  | **Date:** |  |
| **(Line Manager)** |
| **TO BE COMPLETED BY THE APPROPRIATE LINE MANAGER** |
| Number of Days / Weeks Approved: |  | With / Without Pay \* |
| **Signed:** |  | **Date:** |  |
| **(Line Manager)** |

\*\*\*\*\*\*\*Please ensure the form is submitted to either line manager for input to

e-rostering or to your Web Data Entry Officer for completion on ESR\*\*\*\*\*\*\*\*\*