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\*\*\*\*\*\*\*\*\*