**APPLICATION FOR SHARED PARENTAL LEAVE**

*Please complete this form and send it to the address below as soon as possible. ONLY 3 NOTIFICATIONS PER EMPLOYEE*

*This form must be completed and submitted within 8 weeks of the requested leave dates, (where reasonable i.e. there may be circumstances in adoption where you are not aware of dates within this time frame)*

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| --- | --- | --- | --- |
| Name | ……………………………………. | Post Title | ……………………………. |
| Department / Directorate | …………………………………….. | Payroll no. | ……………………………. |
| Name of manager: | ………………………………………………………………………………… |
| Expected date of childbirth/ Placement(On or after 5th April 2015) | ……………………………………………………………………… |
| Commencement of continuous service date: | ………………………………………………………………………. |
| Compulsory 2 weeks maternity leave if applicable: | ……………………………………………………………………….. |
| Period of Shared Leave: | From: | ………………. | To: | …………………….. |
|  | From: | ………………. | To: | …………………….. |
|  | From: | ……………….. | To: | …………………….. |

**Employee signature:………………………………………… Date:…………….**

**Manager signature:………………………………………….. Date:…………….**

***This form should be forwarded to the Payroll Department, Aster Offices, Blackpool Victoria Hospital.***