**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)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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.***