

Annex A

PATERNITY LEAVE APPLICATION FORM	
Name:	
Job title:	
Department:	
<i>In the case of births:</i>	
• Expected date of birth:	
• Or, if the baby has been born, the actual date of birth:	
<i>In the case of adoptions:</i>	
• Date adopter advised of being matched with the child:	
• Expected date of placement:	
• Or, if the child has been placed, date of placement:	
<i>Dates of Paternity Leave:</i>	
• I would like my paternity leave and pay to start on:	
• I want to be away from work for:	<input type="checkbox"/> one week <input type="checkbox"/> two weeks
<i>Declaration (please tick <u>all</u> that apply):</i>	
<input type="checkbox"/> I am: - the baby's biological father, <i>or</i> - married to or in a civil partnership with the mother/adopter, <i>or</i> - living with the mother/adopter in an enduring family relationship, but not an immediate relative; <input type="checkbox"/> I will have responsibility for the child's upbringing; <input type="checkbox"/> I will take this period of time off work to support the mother/adopter or care for the child. <input type="checkbox"/> I attach a copy of the MATB1/Adoption certificate	
Employee's signature:	Attachment to an email will constitute signatory authorisation.
Date:	
PLEASE PASS THIS FORM TO YOUR LINE MANGER TO SUBMIT ON FUSION VIA THE MANAGE DOCUMENT RECORDS FUNCTION (Once approved by your line manager and HR, a confirmation letter will be issued)	