APPENDIX 12A – EMPLOYERS’ HANDBOOK *(Remove comments in red before issuing, insert details for individual in areas highlighted in grey and consider/reflect company policy in areas highlighted in blue.)*

**APPLICATION FORM FOR PARENTAL LEAVE**

An application for Parental Leave should be made to (insert name and position) at least 21 days in advance of the start of the leave.

Please complete this form and pass to (insert name and position)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_

I wish to apply for a period of unpaid Parental Leave from:

(Dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks.

I confirm that this period of Parental Leave will be used to look after or make arrangements for the welfare of a child to whom, as set out under the Parental Leave Regulations and at the time the leave will be taken, one of the following applies (please tick as applicable):

I am named as a parent on his/her birth certificate, and s/he is under the age of 18, or

 I have adopted him/her and s/he is under the age of 18, or

I have acquired formal parental responsibility for him/her, and s/he is under the age of 18.

I attach a copy of evidence\* that I am entitled to take Parental Leave for this child.

(\*For example, a copy of his/her birth certificate, papers confirming his/her adoption or date of placement, or proof of the expected week of childbirth).

I am aware that this period of Parental Leave will be unpaid and that appropriate adjustments will be made to my salary to reflect this.

**Yes/No**

**Please sign below to confirm the details above.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For completion by the applicant’s manager**

I have discussed the above application with this employee and approve this period of unpaid Parental leave. (Please add any comments overleaf).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO (insert name and position)**