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APPLICATION FOR PATERNITY/PARTNER LEAVE

Becoming a Parent

This form can be made available in large print and alternative formats, where required, on request from the Diversity and Inclusion Unit, tel: 02890 973039.

Please return this form to the HR Hub, People and Culture Directorate no later than the end of the 15th week before the expected week of childbirth. Paid paternity/partner leave can only be authorised when the completed form has been received.

If it is not possible to give the required notice, complete this form as soon as possible and return it to the HR Hub, People and Culture Directorate, Level 4, Administration building. Alternatively an electronic copy can be emailed to [hrhub@qub.ac.uk](mailto:hr@qub.ac.uk).

I HAVE READ THE PATERNITY/PARTNER LEAVE PROCEDURE AND WISH TO ADVISE THE FOLLOWING:

Section 1 – Arrangements

|  |  |
| --- | --- |
| The child is due on: | (dd/mm/yyyy) |
| If the child has been born please enter the actual date of birth: | (dd/mm/yyyy) |
| I wish to take statutory paternity leave as follows, complete as appropriate  2 weeks, to commence on …………………………………..… and end on ………………………………..  *OR*  1 week to commence on …………………………………….. and end on ………………………………..  Note:  The 2 weeks of ordinary statutory paternity leave must be taken within 56 calendar days of the birth of the child and can only be taken as one individual week or as two consecutive weeks. It cannot be taken as two individual weeks. | |
| I wish to take the 5 days enhanced paternity/partner leave as follows:  Note:  The 5 days/1 week of enhanced paternity/partner leave must be taken within 4 months of the birth of the child and may be taken as an individual week or as required in consultation with the Head of School / Department/Unit. | |

PLEASE ENSURE THAT THE DETAILS ON THE NEXT PAGE ARE ALSO COMPLETED BEFORE RETURNING THE FORM TO THE DIVERSITY AND INCLUSION UNIT. PLEASE FORWARD A COPY OF YOUR COMPLETED FORM TO YOUR HEAD OF SCHOOL/DEPT/UNIT. SHOULD THE DATES OF YOUR PATERNITY/PARTNER LEAVE CHANGE PLEASE KEEP YOUR HEAD OF SCHOOL/DEPT/UNIT INFORMED.

Section 2 – Applicant Details

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| *I DECLARE THAT I AM ELIGIBLE FOR PAID PATERNITY/PARTNER LEAVE AS OUTLINED IN THE UNIVERSITY’S PROCEDURE.* | |
| Staff Number: |  |
| Full name: |  |
| Position: |  |
| School/Department/Unit: |  |
| Staff Category (eg. Academic, Clerical) |  |
| Applicant’s Signature: |  |
| Date: |  |

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| For Official Use Only | |
| Date received by Diversity and Inclusion Unit  Database entry | Date received by Human Resources Department |
| Date forwarded to Salaries Office: | |

The original application will be retained on the individual’s personal file. A copy will also be forwarded to the Finance Department.

The University is committed to promoting equality of opportunity for all staff irrespective of their sex, marital status, perceived religion, political opinion, racial group, sexual orientation, age, having a disability or having dependants.

The information contained on this application form will be used in conjunction with information already held on the Diversity and Inclusion Unit’s database to monitor the take-up of and the impact of the University’s work life balance/family friendly arrangements and the implementation of its Equality and Diversity policy.