**Appendix 1**

**Parental Leave Application Form**

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| **Section 1:** To be completed by the **employee** requesting parental leave. On completion please forward to your line manager.  |

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child leave taken for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Date of adoption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No of weeks of entitlement already taken for this child with a previous employer(s):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid) Employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid) Employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid) Employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid) Employer:

Paid Leave Requested From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Weeks/Days: \_\_\_\_\_\_\_\_\_\_\_

Unpaid Leave Requested From:\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_Number of Weeks/Days: \_\_\_\_\_\_\_\_\_\_\_

**Please note that employees who are contributing to the superannuation scheme should discuss superannuation contributions during unpaid parental leave with local HR Representative, who will complete the notification of change form and liaise with the Payroll department.**

I confirm that I have:

* Read the NES Parental Leave Policy, and, if granted, I will abide by the terms and conditions of the policy.
* Fully disclosed previous paid and unpaid parental leave taken for this child in any other employment.

I understand any failure to fully disclose parental leave may be reported to Counter Fraud Services and that disciplinary action may be considered for any breach of this policy.

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

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| **Section 2:** Section a) **OR** b) to be completed by the **line manager.** On completion please return to the employee and the employee should then send the signed copy to medical staffing in the Board where they are on placement or GPTraining.HR@nes.scot.nhs.uk if they are in a practice placement. |

**a)** Parental Leave **is** granted as requested

I have viewed an original of the child’s birth certificate and/or legal documents stating formal parental responsibility, for whom the parental leave is requested.

Birth Certificate Yes/No

# Legal Letter e.g. Adoption Papers Yes/No

Other (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Line manager) Date: \_\_\_\_\_\_\_\_\_\_\_ **(PTO)**

**b)** Parental leave has **not** been granted as requested above\*.

Reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Line manager) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employee) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The policy recommends that leave can only be deferred for up to a maximum of 6 months – it may be useful to agree when this leave can be granted or reviewed again under the “Reasons” section**.**

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| **Section 3:** Record of Parental Leave Entitlement: To be completed by the **HR department** |
| Date when all Parental Leave entitlement should be taken by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(i.e date of:** *14th birthday for paid leave, 18th birthday for unpaid leave*
* *18th birthday for disabled child – paid and unpaid*
* *18th birthday for adopted child – paid and unpaid*

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| No of weeks of entitlement due for this child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of weeks of entitlement already taken for this child with a previous employer(s)\_\_\_\_\_\_\_\_\_\_\_\_\_(Paid) \_\_\_\_\_\_\_\_\_\_\_\_(Unpaid)Total No of weeks entitlement taken to date \_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid) Total No of weeks entitlement still to be taken \_\_\_\_\_\_\_\_\_\_\_ (Paid) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unpaid)  |

**Once this form has been completed and signed the employee should send it to medical staffing in the Board where they are on placement or** **GPTraining.HR@nes.scot.nhs.uk** **if they are in a practice placement.**