

# Parental Leave Request



This form should be completed by the employee.

You should read the [NHSScotland Parental Leave Policy](#)<sup>1</sup> and [Employee Guide](#)<sup>2</sup> before completing this form.

You should discuss your parental leave request with your manager.

**For digital signature functionality, please open this form in Adobe Acrobat. Viewing this form in a browser may not support signature features.**

## Section 1

### Personal details

Name

Payroll number

Job title

Department

Work base

### Working arrangements

**Current working pattern** (*e.g., Monday – Friday, 7.5 hours each day*)

**Current employer start date** (*dd/mm/yyyy*)

If the period of employment with your current employer is **less than one year**, please give details of previous NHS employment over the last year.

**Previous employer**

**Start date**

**Leaving date**

## Details of child

Child's name

Child's date of birth *(dd/mm/yyyy)*

Child's age *(in years)*

Date of adoption *(dd/mm/yyyy)*

### Date when all paid parental leave entitlement should be taken

This is the child's 14th birthday. In the case of a disabled or adopted child, it is their 18th birthday

### Date when all unpaid parental leave entitlement should be taken

This is the child's 18th birthday

## Current leave entitlement

### PAID leave entitlement remaining

Entitlement for this child

Entitlement taken to date

Entitlement remaining

### UNPAID leave entitlement remaining

Entitlement for this child

Entitlement taken to date

Entitlement remaining

## Leave request

I request **paid** leave from \_\_\_\_\_ to \_\_\_\_\_ *(dd/mm/yyyy)*

Total number of days and hours requested

I request **unpaid** leave from \_\_\_\_\_ to \_\_\_\_\_ *(dd/mm/yyyy)*

Total number of days and hours requested

Parental leave is usually taken in weekly blocks, but you may agree alternative arrangements with your manager. Please give details of arrangements below.

## Declaration

I confirm that I have read the [NHSScotland Parental Leave Policy](#)<sup>1</sup>, and, if granted, I will abide by the terms and conditions of this policy.

**Employee's signature**

**Date** (*dd/mm/yyyy*)

Before passing this form to your manager for discussion and approval, please ensure that you have a copy of the child's birth certificate or legal documents stating formal parental responsibility for verification.

Where leave has previously been requested in respect of this child, duplicate evidence will not be required.

1. <https://workforce.nhs.scot/policies/parental-leave-policy-overview/parental-leave-policy/>

2. <https://workforce.nhs.scot/supporting-documents/guide/parental-leave-policy-guide-for-employees/>

## Section 2

### To be completed by the manager

I have discussed this request with the employee named above and have agreed the following

#### A. Parental leave has been granted as requested

I have viewed the following documentation stating formal parental responsibility for the child named in this form:

**Birth certificate**                      yes        no

**Legal documentation**                yes        no

Please specify

I have updated SSTS and confirmed with the employee their remaining entitlement

**Entitlement for this child**

**Entitlement taken to date**

**Entitlement remaining**

**Manager signature**

**Date** (*dd/mm/yyyy*)

**B. Parental leave has not been granted as requested**

Please state the reasons for this decision

**A new form should be completed for alternative dates agreed.**

**Manager signature**

**Date** *(dd/mm/yyyy)*