**NHS Greater Glasgow & Clyde**

**Parental Leave Application Form**

Applicants should complete sections all sections before forwarding to their Line Manager.

Line Manager to complete Section D before recording on SSTS.

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| **Section A – Employee Details** | |
| Forename |  |
| Surname |  |
| Pay Number |  |
| Current Post |  |
| Band |  |
| Department/Location |  |
| Directorate/HSCP |  |
| Contracted Hours |  |
| Home Address |  |
| Contact Number |  |
| NHS Start Date |  |

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| **Section B – Details of Parental Leave Requested** | | |
| I wish to apply for a period of parental leave on the following basis: | * **PAID** * **UNPAID** | |
| Dates of Leave Requested | **From:**  **To:** | |
| Total Days Requested |  | |
| Number of days Parental Leave already used |  | |
| Number of Days Parental Leave remaining  (if current application approved) |  | |
| 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 Employment Relations Act 1999 (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 the child’s birth certificate | |  |
| I have adopted the child and they are under the age of 18 | |  |
| I have formal parental responsibility for the child | |  |
| I have a child with a disability who is under the age of 18 | |  |
| I have attached a copy of the appropriate evidence to support the above | |  |

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| **Section C – Details of Child** | |
| Name of Child |  |
| DOB of Child |  |
| Please give details of the reason you require this leave  (Note: The information provided will be used to decide on the reasonableness of this request and will be treated in the strictest confidence) |  |

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| **Section D – Employee Declaration** |

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| I confirm that I have not taken my full allocation of Parental Leave for this named child/named children whilst employed elsewhere within NHS Greater Glasgow & Clyde or elsewhere within NHS Scotland.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section E – Line Manager Authorisation** | | |
| Date written application submitted  [6 weeks in advance for medical/clinical requirements, if appropriate] |  | |
| Cumulative total of Parental Leave for this child/these children | **Paid:**  **Unpaid:** | |
| I can confirm the following:  **[please tick as applicable]** | | |
| I can confirm that this application is reasonable and the leave has been authorised | |  |
| I can confirm that this application is reasonable but the timing of the request does not meet the operational/clinical needs of the department at present. However, leave has been authoirsed for the alternative dates. | | **From:**  **To:** |
| I do not agree that this application is a reasonable request and the leave has not been authoirsed. I attach a letter outlining the reasons for the objection, which I ahve confirmed with the applicant. | |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |