**NHS Greater Glasgow & Clyde**

**Paternity Leave Application Form**

Applicants should complete sections A, B and C before forwarding to their Line Manager.

Line Manager to complete Section D before recording on SSTS and forwarding to HR Support and Advice Unit.

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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 Paternity Leave Requested** | | |
| Expected date child is due |  | |
| Lenght of paternity leave requested (please tick as appropriate) | * **1 week** * **2 weeks**   (NB Paternity Leave must be taken as a 1 or 2 week block. It cannot be taken as 2 seperate weeks and must be taken within 8 weeks of the birth/placement of the child) | |
| Dates of paternity leave | **From:**  **To:** | |
| Staff with more than 26 weeks’ continuous service at 15 weeks before the expected week that the baby is due must also complete form SC3 for Statutory Paternity Leave.  This form is available from <https://www.gov.uk/government/publications/ordinary-statutory-paternity-pay-and-leave-becoming-a-birth-parent-sc3> | | |
| Where applicable, I enclose a completed SC3 form | |  |
| Where applicable, I enclose a completed MATB1 form  *\*required if eligible for paid Occupational Paternity Leave* | |  |
| **Section C – Employee Declaration** | | |

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| I confirm that the purpose of this paternity leave is to care for the child and/or support the child’s parent.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section D – Line Manager Authorisation** | | |
| Date written application submitted |  | |
| I can confirm the following:  **[please tick as applicable]** | | |
| I can confirm that the leave has been authorised | |  |
| I can confirm that the leave has not been authorised as the applicant does not meet the eligibility requirements of the policy and I have advised the applicant of my decision | | **From:**  **To:** |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |