**PATERNITY LEAVE REQUEST FORM**

|  |  |  |
| --- | --- | --- |
| **Name of employee:** |  | |
| **Start date with the Company:** |  | |
| **Expected week of child’s birth:** |  | |
| **Actual date of child’s birth (if applicable):** |  | |
| **I hereby give notice of my intention to take paternity leave on the following dates:**  *(please note that paternity leave must be taken in a block of 1 or 2 weeks and must be taken within 56 days of the child’s birth (or due date if the baby is early))* | | |
| Dates: | | |
| **I declare that:** | | **Please tick as appropriate:** |
| I am the child’s biological father **OR** | |  |
| I am married to the child’s mother **OR** | |  |
| I am the civil partner of the child’s mother **OR** | |  |
| I am the cohabiting partner of the child’s mother | |  |
| **AND** | |  |
| I will have responsibility for the child’s upbringing | |  |
| **AND** | |  |
| I will be absent from work for the purpose of caring for the child or supporting the child’s mother. | |  |
| **Signed:** | | **Date:** |