

Application For Unpaid Parental Leave



PLEASE COMPLETE THIS FORM AND RETURN TO HRpayroll@blaenau-gwent.gov.uk

SECTION 1 – PERSONAL DETAILS

Full Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Telephone Number:	Home: <input type="text"/>	Work: <input type="text"/>	
Designation:	<input type="text"/>		
Place Of Work:	<input type="text"/>		
Staff Number:	<input type="text"/>		
N.I. Number:	<input type="text"/>		

Having read the information attached, I hereby apply for Parental Leave under the Authority's approved scheme.

Requested dates of Parental Leave From: To:

Number Of Weeks (For the purpose of recording your leave, 2 days equals 1 week) WEEK/S

SECTION 2 - DECLARATION

Name Of Child Leave Applied For:

Please submit the original birth/adoption matching certificate(s) of the child/children. If your child/children is/are in receipt of Disability Living Allowance, proof will be required.

If you are not named on the birth certificate please tick which of the categories below you fall into:

- A Father who was married to the Mother at the time of birth
- A Parent who has acquired Parental Responsibility under the Children Act 1989
- A Guardian appointed under Section 5 of the Children Act 1989
- An Adoptive Parent

If you are taking unpaid Parental Leave, would you want to pay back Additional Pension Contributions (APC's) on the unpaid leave? (LGPS Only) deducted at 1/3 employee; 2/3 employer

Yes No

**I CONFIRM THAT MY PURPOSE IN REQUESTING LEAVE IS TO CARE FOR MY CHILD/CHILDREN.
A FALSE DECLARATION MAY RESULT IN DISCIPLINARY ACTION.**

Signature: Date:

MANAGER DECLARATION

I can confirm that the requested dates for Parental Leave are acceptable and that I am satisfied the applicant is the parent or named in the category above in line with the authority's guidance.

Signature: Print Name: Date: