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**Parental Leave Application Form**

Name:

Job Title:

Employee Number:

Department / Section:

Child’s Name (if known):

Dates requested (pro rata for part time employees):

Dates of any previous parental leave taken (current or previous employer):

The date the baby is due to be born / placed on, OR if the child has been born / placed, the actual date of birth / placement:

I am named on the child’s birth certificate, OR I have, or expect to have, parental responsibility OR I am an adoptive parent, foster parent or a spouse or partner of any of the above who is living with the child: **YES / NO\***

The purpose in requesting leave is to care for the child or make arrangements for the child’s welfare: **YES / NO\***

**Pension**

I have read the guidance in the ‘Pension Contributions During Leave’ section of the Employee Leave Schemes document.

Employee’s Signature:

Date:

Manager / Head of Division

Approved / Not Approved (delete as appropriate)

Signature:

Date:

**Please enclose relevant documentation; either a copy of the birth certificate or adoption certificate and send completed form to HR Services at** [**Pay@Derbyshire.gov.uk**](mailto:Pay@Derbyshire.gov.uk)