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**Paternity Leave Application Form**

**Name:**

**Job Title:**

**Employee Number:**

**Department / Section:**

**Dates requested:**

**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 confirm that I expect to have responsibility for the child’s upbringing and the purpose of requesting leave is to care for the child: YES / NO**\* (delete as appropriate)

**Employee’s Signature:**

**Date:**

**Manager / Head of Division:**

**Approved / Not Approved (delete as appropriate)**

**Signature:**

**Date:**

* **Please enclose form SC3, SC4, or SC5 and in the case of adoptive parents the matching certificate.**
* **If the dates change please inform your manager/HR Services as soon as possible.**

**Send completed forms to HR Services at** **Pay@Derbyshire.gov.uk**