

**CONFIRMATION OF REVISED DATES OF PARENTAL LEAVE      FORM PL/P**

In certain circumstances, following discussion between the Head of Department and member of staff concerned, a period of Parental Leave may be postponed for up to 6 months from when it was originally due to start. This form confirms the reasons for the postponement of a period of Parental Leave and the new dates of the leave. It should be completed by the Head of Department and passed to the member of staff who has applied for leave no later than **7 days** after his/her original application was made.

For further information please refer to the University of Sheffield Policy on Parental Leave, or contact your customary team in the Personnel Department.

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**To be completed by the Head of Department**

Full Name: ..... Title: .....

Department: .....

Post: .....

Original dates of period of unpaid Parental Leave applied for:

(Dates) ..... to ....., a total of ..... weeks.

I confirm that I have discussed the reasons for the postponement of this period of leave and alternative dates with the member of staff concerned

Reason for postponement:  
(please give brief details, continuing overleaf if necessary)

The new dates for this period of Parental Leave are:

(Dates) ..... to ....., a total of ..... weeks.

Signature:..... Date:.....  
(Head of Department)

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The **original** copy of this form should be passed to the member of staff to whom it applies within 7 days of their original application.

A **copy** of this completed form should be sent to the Personnel Department with the following attachments (please confirm):

- the original application for leave (form PL/1) Attached
- a copy of evidence that the member of staff is entitled to Parental Leave for that child