

APPLICATION FORM FOR PARENTAL LEAVE

FORM PL/1

Please refer to the University of Sheffield Policy on Parental Leave before completing this form. An application for Parental Leave should be made to the Head of Department at least 21 days in advance of the start of the leave.

Please complete this form and pass to your Head of Department

Full Name: Title:

Department:

Post:

I wish to apply for a period of unpaid Parental Leave from:

(Dates) to, a total of weeks.

I confirm that this period of Parental Leave will be used to look after or make arrangements for the welfare of a child to whom, as set out under the Employment Relations Act 1999 (Parental Leave Regulations) and at the time the leave will be taken, one of the following applies (please tick as applicable):

- I am named as a parent on his/her birth certificate, and s/he was born on or after 15 December 1999 and is under the age of five (or eighteen if in receipt of Disability Living Allowance), or
- I have adopted him/her on or after 15 December 1999 and s/he is under the age of 18, or
- I have acquired formal parental responsibility for him/her, and s/he was born on or after 15 December 1999, and is under the age of five (or eighteen if in receipt of Disability Living Allowance).

I attach a copy of evidence* that I am entitled to take Parental Leave for this child. **Yes/No**
(*For example, a copy of his/her birth certificate, papers confirming his/her adoption or date of placement, or proof of the expected week of childbirth).

I am aware that this period of Parental Leave will be unpaid and that appropriate adjustments will be made to my salary to reflect this. **Yes/No**

I **do / do not** (delete as applicable) wish to continue making superannuation contributions during this period of unpaid leave. N.B. If you do wish your superannuation contributions to continue, please contact the Pensions Office on ext: 21397 in order that the appropriate arrangements can be made.

Please sign below to confirm the details above.

Signature:..... Date:.....

For completion by Head of Department

I have discussed the above application with this member of staff and approve this period of unpaid Parental leave. (Please add any comments overleaf).

Signature:..... Date:.....

PLEASE RETURN THIS FORM TO HUMAN RESOURCES