



## REQUEST FOR PARENTAL LEAVE

Name: \_\_\_\_\_ Staff/Payroll No: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

*Please complete parts A or B and part C below*

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- A. I wish to take parental leave for a period of (specify duration): \_\_\_\_\_  
Commencing on (give date): \_\_\_\_\_ in respect of my child  
(give name): \_\_\_\_\_

I confirm that I am the child's parent/prospective adopter/adoptive\*parent/ I confirm that I have parental responsibility for this child under the Children Act 1989 or Children (Scotland) Act 1995.\*

Child's date of birth: \_\_\_\_\_

Child's date of placement in the case of adoption (where applicable): \_\_\_\_\_

Please confirm whether this child has been awarded disability living allowance  
YES                      NO

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- B. I wish to take parental leave following the birth/placement for adoption/adoption\* of my child for a period of (specify duration) \_\_\_\_\_

Leave will commence on\*

(a) the scheduled date of placement for adoption (please specify if known)  
or

(b) the date of the birth of the baby. My partner's expected week of childbirth is \_\_\_\_\_

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- C. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please delete as necessary

You may be asked to provide a child's birth certificate, evidence of adoption, parental responsibility, partner's EWC or child's entitlement to disability living allowance where applicable.