# *This template document is issued by the Connexional Team and may be used and amended by the Districts/ Circuits and Churches to suit their particular local circumstances.*

**PARENTAL LEAVE APPLICATION FORM**

Please read the following instructions and then complete the Parental Leave Application Form according to your circumstances. The completed form should be returned to your line manager at least 21 days before the date on which you wish to commence your parental leave.

You may be asked to provide additional documents to support your application. For example your child’s birth certificate or Matching Certificate. These documents only need to be submitted with your first application.

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| Surname: Forenames: Home Address: Tel email Start Date: Hours Worked: Job Title: Location: Name and Job Title of Line Manager/Location: Have you taken parental leave with a former employer? Yes/NoIf yes, please state the Name of the employer, dates and number of weeks taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you previously taken parental leave during this employment? Yes/NoIf yes, please provide the dates. From to Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Full name of Child)  who was born/placed for adoption (delete as appropriate) on (date) I wish to take parental leave from (date) to .Number of weeks of parental leave to be taken . Total number of weeks parental leave outstanding for the child named above .(to be confirmed by line manager)I confirm that I have parental responsibility for the child named above and attach the following documentation which confirms the birth date and/or the date of the child’s placement for the purposes of adoption.Please attach details of documentation.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Last updated: April 2021