CONFIRMATION OF PATERNITY LEAVE
(where the expected date of childbirth is on or after 1 April 2013)

NAME: …………………………… **DEPARTMENT:** ………………………………….

EMPLOYEE NUMBER: ………………… **FACULTY/ DIVISION:** …………………………..

Please indicate as appropriate:

I enclose a copy of the MAT B1 certificate ☐

I enclose a copy of the birth certificate ☐

I enclose a copy of the matching certificate (for adoption leave only) ☐

CONFIRMATION OF PATERNITY LEAVE PERIOD

Where the baby has already been born, please give the date the baby was due and the actual date of birth.

The expected week of childbirth/adoption placement is ……………………………………..

The actual date of birth was ……………………………………………………………………

The dates of my paternity leave are: ….. ……………………………………………………...

DECLARATION

You must be able to tick all three boxes below to receive ordinary paternity leave and pay.
I declare that:

- I am
  - the baby's biological father, **or**
  - married to or in a civil partnership with the mother, **or**
  - living with the mother in an enduring family relationship,
    but am not an immediate relative, **and** ☐

- I will have responsibility for the child's upbringing, **and** ☐

- I will take time off work to support the mother or care for the child. ☐

SIGNED: …………………………………… **DATE:** …………………………

Please contact the HR Operations contact for your department for any queries regarding your paternity leave entitlements. Further details on paternity leave entitlements can be found at:
http://www.ucl.ac.uk/hr/docs/leave_domest_personal_reasons.php#4

The form should be returned to HR Operations within 1 week of taking Paternity Leave – your Departmental Administrator or Lead HR Advisor should also be notified.

TO: LINE MANAGER

The above is entitled to four weeks paid paternity leave.

Please sign below indicating your approval of the above.

SIGNED: ……………………………….   **NAME:** ……………………………………

DATE: ………………………………..

Human Resources

Employee Number: _____   **Post Number:** _____

Actioned By: _____   **Date:** _____   **Brought Forward:** ☐

Verified By: _____   **Date:** _____   **RL Verified:** ☐

Payroll

Actioned By: _____   **Date:** _____

Verified By: _____   **Date:** _____

Pension Scheme: **USS** ☐   **NHS** ☐   **SAUL** ☐

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