

**CONFIRMATION OF PATERNITY/PARTNER’S LEAVE**

 **Personal Details**

|  |  |
| --- | --- |
| **Surname:**  | **Forenames:** |
| **Email:** | **Tel no:** |
| **UCL Employee Number:** |
| **UCL Department / Division:** | **Post ID:** |
| **Line Manager:** |

 **Please indicate as appropriate:**

I enclose a copy of the MAT B1/adoption matching certificate [ ]

I enclose a copy of the birth/adoption placement certificate [ ]

**CONFIRMATION OF PATERNITY LEAVE PERIOD**

*If taking paternity leave before the birth/adoption:*

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

**\***The dates of my paternity leave will be. ………………………………………………………...

*If taking paternity leave after the birth/adoption (please send after the actual birth/placement):*

The actual date of birth/placement was ………………………………………………………….

**\***The dates of my paternity leave were: ….. ………………………………………………………...

\***COMPULSORY FIELDS**

**\_**

**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 birth parent, **or**
* living with the birth parent 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 birth parent or care for the child. [ ]

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

Please contact HR Services with any queries regarding your paternity leave entitlements. Further details on paternity leave entitlements can be found at:

<https://www.ucl.ac.uk/hr/docs/parental-leave.php>

**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:** ………………………………………..

***The form should be returned to HR Services Team within 1 week of the employee taking Paternity Leave.***

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|  | **Human Resources**  |
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|  | **Actioned By:** |  |  | **Date:** |  |  | **Brought Forward:** |  |  |
|  |  |
|  | **Verified By:** |  |  | **Date:** |  |  | **RL Verified:** |  |  |
|  |  |

|  |  |  |  |
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|  | **Payroll**  |  |  |
|  |  |  |
|  | **Actioned By:** |  |  | **Date:** |  |  |  |
|  |  |  |
|  | **Verified By:** |  |  | **Date:** |  |  |  |
|  |
|  | **Pension Scheme:**  |  | **USS** |  |  | **NHS** |  |  | **SAUL** |  |  |
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