**Appendix H**

##  Application for Paternity (Maternity Support) leave and/or Pay

The baby is due on / the child \_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_\_

will be placed on

And, if the baby has been born, please \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

enter the actual date of birth

I would like my paternity (maternity support)

leave to start on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

I want to be away from work for one / two\* weeks (delete as appropriate)

## Your declaration

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

National Insurance (NI) Number:

**You must be able to meet three of the following criteria in order to qualify for Paternity (Maternity Support) Pay and leave. Please tick where appropriate.**

**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 not an immediate relative, **AND**
* I have responsibility for the child’s upbringing **AND**
* I will take time off work to support the mother or care for the child.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR LINE MANAGER WHO WILL FORWARD IT ON TO THE HUMAN RESOURCES DEPARTMENT AT Holly Lodge**