Your dates for Leave			
The baby is due on			
And, if the baby has been born, please enter the actual date of birth			
I would like my paternity leave to start on			
I want to be away from work for one/two* weeks (*delete as appropriate)			
Surname			
First Name			
You must be able to tick all three boxes below to be eligible for paternity leave			
I declare that			
• I am			
<ul> <li>the baby's biological father, or</li> <li>married to the mother, or</li> <li>living with the mother in an enduring family</li> </ul>			
relat	ionship, but not an immediate relative		
I have responsibility for the child's upbringing			
I am taking time off work to support the mother or care for the child			
I understand that where one or two weeks paternity leave is approved, only five days will be paid.			
Signature			
Date			

Note: Manager's authorization for paid/unpaid leave provided on next page.

This leave is to be paid/unpaid* (*Manager to delete as appropriate)		
An officer who is entitled to paternity leave will also be entitled to paternity pay of a maximum of 5 days paid leave.		
Signature of Manager		
Date		

This completed form to be copied to:

Pay Section Office of Human Resources