

**APPLICATION FOR PARENTAL LEAVE**

**ANNEX 1**

**TO THE MANAGER**

**From:** (Name in block capitals) \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Grade/Post:** \_\_\_\_\_

I hereby request Parental Leave in accordance with my legal and contractual right, giving the required 21 days' notice.

**Start of Leave:** \_\_\_\_\_

**End of Leave:** \_\_\_\_\_

**Total Days/Weeks:** \_\_\_\_\_

I have, on this occasion/previously\*, provided confirmation from DSC that Disability Living Allowance (DLA) is payable in respect of my child (*only required on first request*)

I have, on this occasion/previously\*, advised my line manager of the amount of Parental Leave taken in previous employment.

*\*delete as appropriate*

I confirm this leave entitlement is requested for reasons directly associated with my parental responsibility for my disabled child.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: The department will endeavor to meet any request for Parental Leave; however the leave date may be postponed in accordance with Appendix 20, Clause 8.1 if deemed necessary.*

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**To be completed by Line Manager - This request for Parental Leave is:**

- Being granted for the dates shown above
- Being postponed until \_\_\_\_\_
- Other (give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Parental Leave taken prior to this request \_\_\_\_\_ days / \_\_\_\_\_ weeks

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**THIS COMPLETED FORM IS NOW TO BE COPIED TO:** Employee named above  
Pay Section  
Office of Human Resources (if appropriate)

Public Sector Pensions Authority (if appropriate)

(1 September 2015)