# Paternity Leave and Maternity/Adoption Support Leave Application Form

This form is to be completed and forwarded to your line manager at least 28 days before you intend to take your leave. Your line manager should then forward the form to the Payroll Team (before the 7th of the month) for the purposes of adjusting your pay. If you require any further assistance, please contact the Payroll Team.

Before completing this form, please read the Maternity/Adoption Support Leave section in the Employment Policies Handbook. If you qualify for paternity leave, you will be entitled to:

* one week’s maternity or adoption support leave at full pay, and
* one week’s ordinary paternity leave at SPP rates.

**Applicant details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of birth |  | | | / |  | | | / | | |  | | | |  |  | | | | | Title | | | | | Click | | | | | | | | | |
|  | DD | | |  | MM | | |  | | YYYY | | | | |  |  | | | |  | | | | |  | | | | | | | | | | |
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| First name | Click | | | | | | | | | | | | | | | | |  | | | Surname | | | | | Click | | | | | | | | | |
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| Resource ID | 2 | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  | | | | | | | | | | | | | | |
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| National Insurance Number |  | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  |  |  |  | | |  |  |
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| Directorate\* | Please select one | | | | | | | | | | | | | | | | |  | | | Post title | | | | | | Click | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | |
| Contract type\* | Please select one | | | | | | | | | | | | | | | | |  | | | End date\*\* | | | | | |  | | | / |  | | / |  |
|  |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | DD | |  | | MM |  | | YYYY |
|  |  | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | |
| Home address | Click | | | | | | | | | | | | | | | | |  | | | Postcode | | | | | | Click | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | \*Select from drop down  \*\*If Temporary/Fixed-Term | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | |

**Eligibility criteria**

*You must meet all the below eligibility criteria to qualify for paternity leave and pay under the relevant sections.*

|  |  |
| --- | --- |
| **Natural and non-adopted children** | |
|  | |
|  | I have, or will have, responsibility for the child’s upbringing |
|  |  |
|  | I am either the biological father of the child, or I am married to or in a civil partnership with the child’s mother, or I am living with the child’s mother in an enduring family relationship but am not an immediate relative of the mother |
|  |  |
|  | I am making this request for time off work to care for the child or to support the child’s mother |
|  |  |
|  | By the 15th week before the expected week of childbirth, I will have worked continuously as an employee of the Council for 26 weeks |

|  |  |
| --- | --- |
| **Adopted children** | |
|  | |
|  | I have, or will have, responsibility for the child’s upbringing |
|  | |
|  | I am adopting the child jointly with my spouse/partner and I want to receive paternity leave and SPP not adoption leave and statutory adoption pay, or I am married to or in a civil partnership with the person adopting the child, or I am living with the person adopting the child in an enduring family relationship but am not an immediate relative of the adopter |
|  | |
|  | I am making this request for time off work to care for the child or to support the person adopting the child/the primary adopter |
|  | |
|  | By the week the adoption agency matched me/the adopter with the child, I will/have worked continuously as an employee of the Council for 26 weeks |
|  | |
| **Maternity/Adoption Support Leave\*\*\*\***  (*5 days or one week in any 12-month period, pro rata for staff working less than full-time*) | |
|  | |
|  | I am the husband/partner, civil partner/same sex partner or nominated carer of an expectant mother/adoptive parent |
|  | |
|  | I have been nominated by the mother/adoptive parent as her/the primary provider of support at or around the time of birth/adoption and may be a relative or someone who has a caring relationship with the mother/adoptive parent and/or child. |
|  | |
|  | NB. Evidence of the birth of the child/date the child placed with adoptive parents may be requested by LCC |
|  |  |
| **I wish to take:** | |
|  | |
|  | One week of Statutory Paternity leave |
|  | |
|  | Two weeks of Statutory Paternity leave |
|  | |
|  | One week Maternity/Adoption Support leave \*\*\*\* |
|  | |
|  | One week of Maternity/Adoption Support leave and one-week Statutory Paternity leave \*\*\*\* |
|  |  |
|  | \*\*\*\*Employees on Teachers Terms and Conditions are not eligible for Maternity/Adoption Support Leave. |

**Statutory Paternity leave and Maternity/Adoption Support leave details\*\*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date child is due to be born, or if has already been born, please give actual date of birth |  |  | / |  | / |  |
|  | DD |  | MM |  | YYYY |
|  | | | | | |
| Date the Adoption Agency told you about matching the child or the expected date of placement for the child, or if the child is already with you, please give actual date of placement |  |  | / |  | / |  |
|  | DD |  | MM |  | YYYY |
|  |  | | | | |
|  |  |  | | | | |
| Date Statutory Paternity Leave expected to commence |  |  | / |  | / |  |
|  |  | DD |  | MM |  | YYYY |
|  |  |  | | | | |
|  |  |  | / |  | / |  |
|  |  | DD |  | MM |  | YYYY |
|  |  |  | | | | |
| Date Maternity/Adoption Support Leave expected to commence |  |  | / |  | / |  |
|  |  | DD |  | MM |  | YYYY |

**Mother/Adoptive parent details**

*To be completed by the mother/adoptive parent.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Click |  | Surname | Click | | | | | | | | | | |
|  |  |  |  |  | | | | | | | | | | |
| Home address | Click |  | Postcode | Click | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | |
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|  |  |  |  | | | | | | | | | | |
|  |  |  |  |  | | | | | | | | | | |
| I confirm the above named as my nominated carer for maternity support leave. | | | | | | | | | | | | | | |
|  |  |  |  |  | | | | | | | | | | |
| Signature | Click |  | Date |  |  | |  | | |  |  | | |
|  |  |  |  | DD | |  | | MM |  | | | YYYY |

**Application approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  | | | | | |
| Line Manager signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  | |
| Email address | Click | | |  |  |  |  |  | |

Please submit the completed form to the relevant email address:

[People\_Services\_Corp@lincolnshire.gov.uk](mailto:People_Services_Corp@lincolnshire.gov.uk) (Corporate)

[LFR\_payroll@lincolnshire.gov.uk](mailto:LFR_payroll@lincolnshire.gov.uk) (Fire)

[schoolsteam@lincolnshire.gov.uk](mailto:schoolsteam@lincolnshire.gov.uk) (Schools)