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|  | West Lothian  Council |

**APPLICATION FOR MATERNITY SUPPORT/ADOPTION SUPPORT/PATERNITY LEAVE**

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| The partner of an expectant mother is entitled to apply for Paternity Leave or Maternity Support leave. The partner of an adopting parent is entitled to apply for Paternity Leave or Adoption Support Leave. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | Employee No: | | |  | |  | |  | |  | |  |  | |  | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Post Code: | | | | | | | | | | | | | | |
| Service Area: | | |  | | | | | Place of Employment: | | | | | | | | | | | | | | | | | |
| Designation: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| I confirm I am applying for leave as detailed below (**✓** appropriate boxes): | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. PATERNITY LEAVE AND PAY** | | | |  | | |  | | | | | | | | | | | | | | | | | | |
| Applicants must have at least 26 weeks continuous service at the 15th week before the Expected Week of Childbirth or by the week the Adopter is notified of matching with a child. | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm I am the biological father of the baby | | | | | | | | |  |  | | | | | | | | | | | | | | | |
| I confirm I am the partner of the expectant mother | | | | | | | | |  |  | | | | | | | | | | | | | | | |
| I confirm I am the partner of the adopting parent | | | | | | | | |  |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | D | | D | | M | | M | | | Y | | Y |  |
| I wish to apply for one week’s leave | | | | |  | Commencing on: | | | | | | |  | |  | |  | |  | | |  | |  |  |
| I wish to apply for two week’s leave | | | | |  | Commencing on: | | | | | | |  | |  | |  | |  | | |  | |  |  |
| (Please note 2nd week is payable at the current Statutory Paternity Pay rate only.  **Applications must be accompanied by a completed HM Revenue form – see Appendix 9).** | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Please note if you have applied for Paternity Leave at 1 above, Maternity/Adoption Support Leave cannot be granted in addition. | | | | | | | | | | | | | |
|  | | | | | | | D | D | M | M | Y | Y |  |
| 2. MATERNITY SUPPORT LEAVE AND PAY | | |  | Commencing: | | |  |  |  |  |  |  |  |
| I confirm I am the partner of the expectant mother | | | | |  |  | | | | | | | |
| I confirm I am the nominated carer of the expectant mother | | | | |  |  | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3. ADOPTION SUPPORT LEAVE AND PAY** | | |  |  | | | | | | | | | |
| I confirm I am the partner of the adopting parent | | | | |  |  | | | | | | | |
|  | | | | | | | D | D | M | M | Y | Y |  |
| I wish to apply for 5 days paid leave |  | Commencing on: | | | | |  |  |  |  |  |  |  |
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| Employee’s Signature: | Date: |
| Manager’s Signature: | Date: |

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

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| Completed form must be submitted to the Line Manager as follows:   * Paternity Leave - by the 15th week before the Expected Week of Childbirth; * Paternity Leave in respect of Adoption, and Adoption Support Leave – no later than 7 days after the agency has notified the Adopter of matching with a child. * Maternity Support Leave - as soon as possible. |

Line Manager to forward completed form **as soon as possible** to: HRchanges@westlothian.gov.uk.