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|  | West Lothian  Council |

**APPLICATION FOR**

**ADDITIONAL PATERNITY LEAVE**

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| Fathers or partners of mothers or adopters are entitled to take up to 26 weeks additional paternity leave in the first year of their child’s life. | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | Employee No: | | | |  | |  | |  |  |  | |  | |  | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Post Code: | | | | | | | | | | | | | | |
| Service Area: | | |  | | | | | | | | | | | | | | | | | | |
| Place of Employment: | | | |  | | | | | | | | | | | | | | | | | |
| Designation: | | |  | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | |
| Please tick all that apply: | | | | |  |  | | | | | | | | | | | | | | | |
| 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 | | | | |  |  | | | | | | | | | | | | | | | |
| I will care for the child during the ASPP period | | | | |  |  | | | | | | | | | | | | | | | |
| I have, or expect to have, the main responsibility (apart from the mother) for the upbringing of the child. | | | | |  |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Applicants can apply for up to 26 weeks leave effective from at least 20 weeks after the childs birth or placement for adoption. The following dates and information are required. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | D | D | | M | | M | | Y | | Y | |  | |
| I would like my additional paternity pay to start on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| Date I would expect my additional paternity pay to end on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| Date I would like my additional paternity leave to end on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| The baby was born on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| The mothers maternity pay period started on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| The mothers maternity pay period stopped or will stop on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| The mother returned or intends to return to work on: | | | | | | |  |  | |  | |  | |  | |  | |  | |
| **Applications must be accompanied by a completed HM Revenue form SC7** | | | | | | | | | | | | | | | | | | | | |

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| Employee’s Signature: | Date: |
| Manager’s Signature: | Date: |

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| Completed form must be submitted to the Line Manager no later than eight weeks before the intended start date of additional paternity leave. |

Line Manager to forward completed form **as soon as possible** to:

Payroll, Civic Centre, Howden South Road, Livingston EH54 6FF.