

Leave for Family Care Purposes

Policy & Procedure



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WEST LOTHIAN COUNCIL

POLICY AND PROCEDURE ON LEAVE FOR FAMILY-CARE PURPOSES (Covering all Employees)

1.	Introduction	5
2.	Aims Of The Policy And Procedure	5
3.	General Application	5
4.	Pension Implications During Leave	6
5.	Antenatal Care.....	8
MATERNITY PROVISIONS NON-TEACHING STAFF		
6.	Notification Requirements	8
7.	Maternity Leave And Pay	8
8.	Right To Return To Work.....	10
9.	Return To Work Following Maternity Leave	10
10.	Annual Leave And Public Holidays.....	11
MATERNITY PROVISIONS TEACHERS		
11.	Notification Requirements	12
12.	Maternity Leave And Pay	12
13.	Right To Return To Work.....	13
14.	Return To Work Following Maternity Leave.....	13
15.	Annual Leave	14
16.	Accrual Of Personal Incremental Credit	14
MATERNITY PROVISIONS ALL STAFF		
17.	Premature Birth	15
18.	Stillbirth Or Death Of The Baby	15
19.	Qualification For Statutory Maternity Pay (SMP)	15
20.	Maternity Allowance	15
21.	Contact During Maternity Leave.....	15
22.	Keeping In Touch Days	16
23.	Sickness	16
24.	Health & Safety Provisions.....	16
ADOPTION PROVISIONS (NON-TEACHING STAFF)		
25.	Notification Requirements	17
26.	Adoption Leave And Pay	17
27.	Contact During Adoption Leave	19
28.	Keeping InTouch Days	20
29.	Right To Return To Work.....	20
30.	Notice To Return	20
ADOPTION PROVISIONS (TEACHERS)		
31.	Notification Requirements	21
32.	Adoption Leave And Pay	21

33.	Cont act During Adoption Leave	22
34.	Keeping In Touch Days	23
35.	Right To Return To Work	23
36.	Accrual Of Annual Leave.....	23
37.	Accrual Of Personal Incremental Credit	24
	SHARED PARENTAL LEAVE	
38.	Shared Parental Leave	25
39.	Eligibility.....	25
40.	Shared Parental Pay	25
41	Patterns of Leave.....	26
42.	Opting in to sharedparental leave	26
43.	Notice to book leave	27
44.	Cancelling the decision to end maternity/adoption leave.....	27
45.	Varying Leave.....	27
46.	SPLIT days	28
47.	Right to return to work.....	28
48.	Early birth and other special circumstances.....	28
	PATERNITY, MATERNITY SUPPORT & ADOPTION SUPPORT PROVISIONS	
49.	Notification Requirements	31
50.	Maternity Support/Paternity Leave & Pay	31
51.	Adoption Support/Paternity Leave & Pay	32
	PARENTA LEAVE PROVISIONS	
52.	Parental Leave	34
53.	Notification Requirements	34
	SURROGACY LEAVE PROVISIONS (TEACHERS)	
54.	Notification Requirements	35
55.	Surrogacy Leave and Pay	35
56.	Contact During Surrogacy Leave	35
57.	Keeping in Touch Days.....	36
58.	Right to Return to Work.....	36
59.	Accrual of Annual Leave.....	36
	SPECIAL LEAVE PROVISIONS	
60.	Leave For Planned Health Care Of A Young Child	38
61.	Special Leave To Care For An Ill Dependant	38
62.	Notification Requirements for Special Leave Provisions	39
63.	Bereavement.....	40
64.	Parental Bereavment Leave	40
64.	Monitoring And Control	40
65.	Employee Complaints.....	41
66.	Review Arrangements	41

Appendix 1 – Glossary of Terms	42
Appendix 2 - Application for Special Leave.....	43
Appendix 3 - Maternity Notification Form (Non-teaching Staff).....	44
Appendix 4 - Maternity Notification Form (Teachers).....	45
Appendix 5 - Application for Adoption Leave and Pay (Non-teaching Staff)	46
Appendix 6 - Application for Adoption Leave and Pay (Teachers)	47
Appendix 7 - Application for Maternity Support/Adoption Support/Paternity Leave	48
Appendix 8 - Application for Parental Leave (Non-teaching staff)	49
Appendix 9 - Application for Parental Leave (Teachers)	50
Appendix 10 - Surrogacy Leave Notification Form	51
Appendix 11 - HM Revenue & Customs Statutory Paternity Pay/Leave	52

POLICY AND PROCEDURE ON LEAVE FOR FAMILY-CARE PURPOSES

(Covering all Employees)

1. INTRODUCTION

- 1.1 The council is working towards equal opportunities and is committed to developing and applying employment policies and procedures which assist employees assume their family-care responsibilities without adversely affecting their continuity of employment or employment opportunities.
- 1.2 This document sets out the leave provisions to which employees are entitled, or may be granted, for a variety of family-care purposes:
- Ante-natal Care
 - Maternity Leave
 - Maternity Pay
 - Adoption Leave & Pay
 - Paternity Leave
 - Adoption Support Leave
 - Parental Leave
 - Leave for Planned Health Care of a Young Child
 - Special Leave to Care for an Ill Dependant
 - Special Leave for Bereavement

2. AIMS OF THE POLICY AND PROCEDURE

The principal aims are to:

- assist employees combine their family-care responsibilities with their employment through the provision of appropriate leave facilities.
- support the council's commitment to Equal Employment Opportunities.
- It is an overriding principle that, in considering applications for leave under this policy and procedure, the needs of the council's services are given due priority.

3. GENERAL APPLICATION

- 3.1 In addition to Maternity, Adoption and Paternity entitlements, this document covers a range of Special Leave provisions for those employees required to provide support for a family member and/or a dependant.
- 3.2 Employees who satisfy the eligibility criteria specified within each section of the policy and procedure will be entitled to apply for leave as appropriate.
- 3.3 All leave provisions contained within this policy apply to same sex couples (or same-gender or non-heterosexual couples).
- 3.4 The notice periods required in respect of Maternity Leave, Paternity Leave, Maternity Support Leave, Adoption Leave and Parental Leave are specified in the appropriate

sections of this document.

- 3.5 No specific notice periods are given for the other forms of Special Leave, however, employees must give as much notice of an application for Special Leave as is reasonably practicable.
- 3.6 Ante-natal care, Maternity, Paternity, Adoption and Parental Leave are statutory entitlements, which in line with all other Special Leave requests, must be authorised by the Depute Chief Executive or their nominated representative.
- 3.7 An appropriate officer from the employing service will advise an employee of the implications of an extended period of unpaid Special Leave for their contract of employment.

4. PENSION IMPLICATIONS DURING LEAVE

OCCUPATIONAL PENSIONS

NON-TEACHING STAFF

- 4.1 Employees who qualify for Occupational/Statutory Maternity Pay or Adoption Pay, and who are members of the Local Government Pension Scheme, are required to continue making Pension contributions on that pay even if they do not intend to return to work. Although contributions are payable on the Maternity/Adoption Pay received, which may be less than full pay, all benefits will be based on full pay.
- 4.2 An employee can choose to pay Pension contributions throughout their period of unpaid maternity/adoption leave, or on their return to work. These contributions will be based on the pay they were entitled to immediately before the start of the unpaid period.
- 4.3 Employees who are granted an extended period of unpaid Special Leave (excluding maternity & adoption leave), and who are members of the Local Government Pension Scheme, are required to continue making Pension contributions for the first thirty days of absence. The council will also make Pension contributions for these thirty days. Employees should, however, consult Lothian Pension Fund regarding the pension implications of an extended period of unpaid Special Leave.
- 4.4 Employees on an extended period of unpaid Special Leave who have chosen to opt-out of the Local Government Pension Scheme and have taken out a personal pension should seek advice on the pension implications from their pension provider.

TEACHERS

- 4.5 Teachers who qualify for Occupational/Statutory Maternity Pay or Adoption Pay, and who are members of the Scottish Public Pensions Agency, are required to continue making Pension contributions on that pay, even if they do not intend to return to work. Although contributions are payable on the Maternity/Adoption Pay received, which may be less than full pay, all benefits will be based on full pay.
- 4.6 With regard to unpaid maternity or adoption leave, a teacher can decide whether they wish the unpaid period to count towards their pension by paying contributions throughout the period of unpaid leave. Such contributions will be based on the pay the teacher was entitled to immediately before the unpaid period started. Teachers wishing to continue making such contributions are required to contact the Scottish Public Pensions Agency direct to make the necessary arrangements.

STATUTORY PENSIONS & STATE BENEFITS

ALL STAFF

- 4.7 Employees on an extended period of unpaid Special Leave and who participate fully in the State Earnings Related Pension Scheme ("SERPS") should contact their local DSS office to ascertain whether their contributions can continue to be paid on their behalf by the Government during their period of extended unpaid leave.
- 4.8 Employees granted an extended period of Special Leave to care for a dependant relative should seek advice on what State Benefits etc they may be entitled to. Their Depute Chief Executive has the discretion to grant reasonable paid time off work to enable such an employee to seek advice from appropriate support organisations and to access a telephone during working hours to enable them to discuss their position in private.

MATERNITY PROVISIONS

5. ANTENATAL CARE

- 5.1 Pregnant employees are entitled to time off work with pay for antenatal care. Requests for time off must be submitted to their line manager/Head Teacher and be supported by an appointment card.
- 5.2 The partner or nominated carer of a pregnant employee is entitled to request unpaid time off work to accompany her to up to two antenatal appointments. Requests should be made to the partner/nominated carer's line manager/Head Teacher and be accompanied by an appointment card.

MATERNITY PROVISIONS NON-TEACHING STAFF

6. NOTIFICATION REQUIREMENTS

- 6.1 Pregnant employees are advised to contact Human Resources to request a Maternity Pack as early as possible in their pregnancy.
- 6.2 Maternity leave can commence no earlier than the beginning of the 11th week before the Expected Week of Childbirth (EWC) or from the date of childbirth if that is earlier.
- 6.3 Maternity leave and pay can commence on any day of the week.
- 6.4 An employee applying for maternity leave must submit a completed Maternity Notification Form (available on-line or from Human Resources) to their line manager by the first working day of the 15th week before their EWC, or as soon as is reasonably practicable.
- 6.5 Human Resources will provide the employee with written confirmation of their entitlement to maternity leave, and if applicable, pay.
- 6.6 At least 3 weeks before the date maternity leave is due to commence, or as soon as is reasonably practicable, the applicant must submit a certificate from a registered medical practitioner or certified midwife (MATB1) stating the expected week of childbirth.
- 6.7 If, due to a change in circumstances maternity leave requires to commence early (for example childbirth occurs earlier than expected), the employee must advise their line manager of this in writing as soon as possible.

7. MATERNITY LEAVE AND PAY

- 7.1 Pregnant employees are statutorily entitled to a period of maternity leave. The length of maternity leave and entitlement to pay is determined by the employee's length of continuous and reckonable service.
- 7.2 It is compulsory for employees who have given birth to have a minimum of two weeks maternity leave commencing with the date of childbirth.

Less than 26 weeks continuous service

- 7.3 pregnant employees who have less than 26 weeks continuous service at the beginning of the 15th week before their EWC and who satisfy the notification conditions contained in this procedure are entitled to:
- 26 weeks unpaid Ordinary Maternity Leave;
 - 26 weeks unpaid Additional Maternity Leave

At least 26 weeks continuous service

- 7.4 Pregnant employees who have at least 26 weeks continuous service at the beginning of the 15th week before their EW C and who satisfy the notification conditions contained in this procedure are entitled to 52 weeks Maternity Leave as follows:
- 39 weeks paid leave (26 weeks Ordinary and 13 weeks Additional maternity leave) as follows:
 - 6 weeks at 9/10th normal pay (inclusive of payments made by way of Statutory Maternity Pay (SMP) or Maternity Allowance (MA) as applicable),
 - 12 weeks half pay plus SMP or MA as applicable (the total payment will not exceed full pay), and
 - 21 W eeks SMP or MA as applicable; and
 - 13 weeks Additional Maternity Leave, which is unpaid.

One year's reckonable service inclusive of at least 26 weeks continuous service

- 7.5 Pregnant employees who have one year's reckonable service at the beginning of the 11th week before their EW C (inclusive of at least 26 weeks continuous service at the beginning of the 15th week before their EW C) and who satisfy the notification conditions contained in this procedure are entitled to 63 weeks maternity leave as follows:
- 39 weeks paid Maternity Leave as detailed in paragraph 7.4 above; and
 - 24 weeks Additional Maternity Leave, which is unpaid.

The 63-week entitlement breaks down to a maximum of 11 weeks prior to the EWC and a maximum of 52 following the birth of the baby.

Qualification for 12 weeks half pay

- 7.6 In order to qualify for 12 weeks half pay the employee must provide written confirmation of their intention to return to work for a period of not less than 3 calendar months following maternity leave. This is done by completing the 'Maternity Notification Form', which is enclosed with the Maternity Pack.
- 7.7 Maternity Packs are available on [MyToolkit](#) or a copy can be obtained from your line manager.
- 7.8 Pregnant employees, who have indicated their intention to return to work for a period of at least 3 calendar months following their maternity leave, and subsequently decide not to return, must confirm their decision in writing to their line manager. They will be required to repay the period of 12 weeks half pay as the council may decide.

- 7.9 Pregnant employees who are unsure if they will return to work may elect to postpone payment of half pay until their return by completing the relevant section in the 'Maternity Notification Form'.

8. RIGHT TO RETURN TO WORK

- 8.1 An employee has a statutory right to return to the job in which they are employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied to them if they had not been absent.
- 8.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the employee's job and this change would have occurred irrespective of their absence on maternity leave, suitable alternative employment may be offered.
- 8.3 Alternative employment should be suitable to the employee, appropriate to the circumstances, the capacity, and place of employment that applied prior to their absence on maternity leave. The terms and conditions of employment should not be less favourable than if the employee had been able to return to the job in which they were employed prior to her absence.

9. RETURN TO WORK FOLLOWING MATERNITY LEAVE

- 9.1 An employee going on maternity leave will be formally advised in writing of the date on which they are expected to return to work if taking their full entitlement to maternity leave. The employee will be expected to return on this date unless they advises the council otherwise. When an employee wishes to return to work before this date they must provide at least 8 weeks written notice of the date they propose to return. If the appropriate notice is not given the council may postpone their return by up to 21 days to a date no later than the end of the Additional Maternity Leave period.

Return to work when the employee has resigned

- 9.2 If an employee has resigned from their job due to pregnancy or childbirth, but the child does not live, they shall be entitled to return to work but without the right to return to the same post at the same grade and pay/salary as applied immediately prior to the resignation, unless the council determines that this is not practicable.
- 9.3 An employee shall not be entitled to return to employment with the council in accordance with this paragraph unless:
- a suitable vacancy exists
 - the employee submit in writing a doctor's statement that they are medically fit to return, if such a statement is requested
 - the employee satisfies the notice period stated at 9.1 above

10. ANNUAL LEAVE AND PUBLIC HOLIDAYS

Annual Leave

- 10.1 Employees continue to accrue annual leave during periods of maternity leave.
- 10.2 Prior to commencement of Maternity Leave, employees are encouraged to use the proportion of Annual Leave they have already accrued. The leave accrued during Maternity Leave to the end of the year can be taken on their return to work.

Public Holidays

- 10.3 Entitlement to public holidays will accrue for the duration of maternity leave.
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MATERNITY PROVISIONS

TEACHERS

11. NOTIFICATION REQUIREMENTS

- 11.1 Teachers are advised to contact Human Resources to request a Maternity Pack as early as possible in their pregnancy.
- 11.2 Maternity leave can commence no earlier than the beginning of the 11th week before the EW C or from the date of childbirth if that is earlier.
- 11.3 Maternity leave and pay can commence on any day of the week.
- 11.4 A teacher applying for maternity leave must submit a completed Maternity Notification Form (available on-line or from Human Resources) to their Head Teacher not later than 21 days before the Ordinary Maternity Leave commences, or as soon as is reasonably practicable.
- 11.5 Human Resources will provide the teacher with written confirmation of their entitlement to maternity leave, and if applicable, pay.
- 11.6 At least 3 weeks before the date maternity leave is due to commence, or as soon as is reasonably practicable, the teacher must submit a certificate from a registered medical practitioner or certified midwife (MATB1) stating the expected week of childbirth.
- 11.7 If, due to a change in circumstances maternity leave requires to commence early (for example childbirth occurs earlier than expected), the teacher must advise their Head Teacher of this in writing as soon as possible.

12. MATERNITY LEAVE AND PAY

- 12.1 Pregnant teachers are statutorily entitled to a period of maternity leave. The length of maternity leave and entitlement to pay is determined by the teachers' length of continuous service.
- 12.2 It is compulsory for teachers who have given birth to have a minimum of two weeks maternity leave commencing with the date of childbirth.

Less than 26 weeks service

- 12.3 Teachers who have less than 26 weeks continuous service at the beginning of the 11th week before the EW C and who satisfy the notification conditions contained in this procedure are entitled to:
 - 26 weeks unpaid Ordinary Maternity Leave
 - 26 weeks unpaid Additional Maternity Leave

At least 26 weeks continuous service

12.4 Teachers who have at least 26 weeks continuous service at the beginning of the 11th week before the EWC, and who satisfy the notification conditions contained in this procedure are entitled to:

- 26 weeks Ordinary Maternity Leave paid as follows:
 - 13 weeks occupational maternity pay offset against SMP or MA this payment will be equal to the teacher's normal salary
 - 13 weeks SMP or MA as applicable
- 26 weeks Additional Maternity Leave paid as follows
 - 13 weeks SMP or MA as applicable
 - 13 weeks unpaid

13. RIGHT TO RETURN TO WORK

13.1 A teacher has a statutory right to return to the job in which they are employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied to them if they had not been absent.

13.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the teacher's job and this change would have occurred irrespective of her absence on maternity leave, suitable alternative employment may be offered.

13.3 Alternative employment should be suitable to the employee, appropriate to the circumstances, the capacity, and place of employment that applied prior to their absence on maternity leave. The terms and conditions of employment should not be less favourable than if the teacher had been able to return to the job in which they were employed prior to her absence.

13.4 A teacher who by the end of February is known to be pregnant will not be placed on the transfer list. A teacher who makes known her pregnancy between the end of February and 31 May will not be granted exemption from the annual transfer arrangements.

14. RETURN TO WORK FOLLOWING MATERNITY LEAVE

A teacher going on maternity leave will be formally advised in writing of the date on which they are expected to return to work if taking their full entitlement to maternity leave and they will be expected to return on this date unless they advise the council otherwise. When a teacher wishes to return to work prior to this date they must provide at least 28 days notice of the date they propose to return. If the appropriate notice is not given the council may postpone their return by up to 28 days provided this is not later than the expected return date.

15. ANNUAL LEAVE

- 15.1 Teachers will be paid any leave accrued prior to going on Maternity Leave in accordance with the provisions of CoSLA circular SNCT 26. Annual leave will be calculated as follows:

Completed months of service	1	2	3	4	5	6	7	8	9	10	11	12
Leave entitlement in days	5	9	14	18	23	28	32	37	41	46	50	55

- 15.2 Where a teacher notifies the council that they intend to return to work after maternity leave and where the paid maternity leave period incorporates at least 4 weeks of the school summer holiday (or incorporates in full another school holiday period of at least 1 weeks' duration), the teacher will accrue credit of 2 days special leave entitlement for each complete week of the vacation that has been lost
- 15.3 A maximum credit of 10 days special leave may be accrued in any leave year
- 15.4 This special leave entitlement should be taken by the teacher, in agreement with the council, following their return to work. The timing of the leave is subject to the needs of the service and should normally be taken in the term in which the teacher returns to work. In exceptional circumstances the teacher may be paid for any days they are unable to take.
- 15.5 Teachers who give the council written notice that they do NOT intend to return to work at the end of their maternity leave period will receive payment for leave accrued during the first 39 weeks of paid maternity leave.

16. ACCRUAL OF PERSONAL INCREMENTAL CREDIT

A teacher's maternity leave shall count, in full, as credited service in the determination of scale placing in accordance with the salary placement regulations. If a teacher returns to work under the provisions of the 'Additional Maternity Leave' section, the period from the end of paid maternity leave to the date of return to work, shall also be credited in full.

MATERNITY PROVISIONS

ALL STAFF

17. PREMATURE BIRTH

- 17.1 Where a baby is born after 24 weeks of pregnancy, but before the commencement of maternity leave, the entitlement to maternity leave/pay and the right to return to work is unaffected. Maternity Leave starts automatically from the day after childbirth.
- 17.2 The employee must, if reasonably practicable, inform their line manager of the date of childbirth within 28 days of the date of birth.

18. STILLBIRTH OR DEATH OF THE BABY

- 18.1 In the event of a stillbirth or the death of the child before 24 weeks of pregnancy, the employee is entitled to sick leave/pay in accordance with the council's Sick Pay Scheme.
- 18.2 Sickness absence following a still birth or the death of the child before 24 weeks of pregnancy will be treated as pregnancy related absence.

19. QUALIFICATION FOR STATUTORY MATERNITY PAY (SMP)

- 19.1 In order to qualify for SMP the employee must meet all of the conditions listed below:
- have been continuously employed by the council for 26 weeks at the beginning of the 15th week before the EW C;
 - continue to be employed by the council during all or part of the 15th week before the EW C;
 - have average weekly earnings at or above the lower earnings limit for the payment of National Insurance contributions;
 - have complied with the notification requirements outlined in this policy
- 19.2 Payment of SMP cannot start earlier than the 11th week before the EW C and is paid for a maximum of 39 weeks

20. MATERNITY ALLOWANCE

Maternity Allowance (MA) is a social security benefit paid to employees who do not have the service to qualify for SMP, however they do satisfy the conditions relating to the payment of National Insurance Contributions through previous employment or self-employment.

21. CONTACT DURING MATERNITY LEAVE

The Council reserves the right to maintain reasonable contact with employees during maternity leave. This may be to discuss employees' plans for return to work, to discuss any special arrangements to be made or training to be given to ease their return to work or to update them on developments at work during their absence.

22. KEEPING IN TOUCH DAYS

- 22.1 During maternity leave an employee is allowed up to 10 days at work with normal pay – known as “keeping in touch days” – without bringing the maternity leave period to an end. Normal pay will be inclusive of any SMP or Maternity Allowance payable to the employee.
- 22.2 These days do not require to be consecutive and can be used for training or any other activity that enables the employee to keep in touch with their place of employment.
- 22.3 An employee does not have a right to attend work during their maternity leave and, the council has no right to require an employee to attend work during their maternity leave. Therefore a decision as to whether or not keeping in touch days will take place is a matter to be decided between an employee and their line manager.

23. SICKNESS

- 23.1 Maternity leave shall not be treated as sick leave and it will not therefore be offset against other service-based entitlements such as sick pay.
- 23.2 Maternity leave will commence automatically if an employee is absent from work due to a pregnancy related illness during the four weeks before the start of the EW C.
- 23.3 Where an employee is unable to return to work on the expected date due to sickness, the normal notification requirements in relation to sickness absence as detailed in the council’s Sickness Absence Management policy and procedure apply.

24. HEALTH & SAFETY PROVISIONS

- 24.1 The council’s Health & Safety risk assessment process takes into account potential risks for pregnant employees. The assessment includes manual handling and exposure to chemicals, however if an employee has any concerns about their work environment specifically related to their pregnancy they should discuss these with their line manager/Head Teacher or a member of the Occupational Health & Safety team.
 - 24.2 An employee who is pregnant, or has recently given birth, or is breast feeding and who cannot carry out their normal duties due to an identified risk to their health and safety, has the right to be offered suitable alternative work, or if no such work is available, to be suspended on normal pay.
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ADOPTION PROVISIONS (NON-TEACHING STAFF)

25. NOTIFICATION REQUIREMENTS

- 25.1 The terms of the adoption provisions will apply where an employee has:
- been newly matched with a child by an approved adoption agency; and
 - has at least 26 weeks continuous service prior to the week in which s/he is notified of being matched with a child for adoption.
- 25.2 An employee adopting a child from overseas must have official notification. Official notification is written notification, issued by or on behalf of the relevant domestic authority (Scottish Executive).
- 25.3 Requests for Adoption Leave and pay must be made on an 'Application for Adoption Leave and Pay' form and submitted to the line manager/Head Teacher within 7 days of the employee being notified by the adoption agency that they have been matched with a child for adoption, where this is reasonably practicable.
- 25.4 Application forms are available on-line or from Human Resources.
- 25.5 Requests for Adoption Leave must also be accompanied by a matching certificate or letter from the Adoption Agency detailing the following:
- name and address of the adopter(s);
 - name and address of the Adoption Agency;
 - the date the child is matched;
 - the date the child is placed.
- 25.6 Adopters who, as a result of the date of the child's placement being altered, need to change the date on which their Adoption Leave starts, must give 28 days written notice, if reasonably practicable.

26. ADOPTION LEAVE AND PAY

- 26.1 Where a couple jointly adopt a child or children, they must decide which partner will take leave under these provisions (the Adopter) as Adoption Leave will only be granted to the Adopter. The partner, however, may be entitled to Adoption Support Leave or Paternity Leave.
- 26.2 In respect of children adopted from within the UK, Adoption Leave must commence either:
- from the date of the child's placement; or
 - from a fixed date of up to 14 days before the expected date of placement
- 26.3 In respect of children adopted from outwith the UK, Adoption Leave must commence either:
- from the date the child enters Great Britain; or
 - from a date no later than 28 days after the date the child enters Great Britain

- 26.4 The council will grant paid leave to enable the main prospective adopter to attend a maximum of five adoption appointments which may include court hearings, case conferences and other formal meetings. The secondary adopter will be entitled to take unpaid time off for up to two appointments. This entitlement is subject to reasonable notice being given and on production of evidence of the meetings etc.
- 26.5 In respect of children adopted from overseas Adoption Leave will not be granted to cover the period employees spend travelling overseas to arrange the adoption or visiting the child.
- 26.6 Where more than one child is placed as part of the same adoption arrangement only one period of leave and pay will be granted.
- 26.7 Adoption leave will not be granted in circumstances where the child is already living as a family member e.g. where the spouse/partner of a natural parent adopts their partner's child (or children).
- 26.8 Under circumstances where the adoption placement ends during the Adoption Leave period the adopter will be entitled to remain absent on Adoption Leave for up to 8 weeks after the end of the placement.
- 26.9 Entitlement to adoption leave and pay is determined by the employees' length of continuous service.

Less than 26 weeks continuous service

- 26.10 Employees who have less than 26 weeks continuous service prior to the week in which they are notified of being matched with a child for adoption will be entitled to:
- 26 weeks unpaid Ordinary Adoption Leave
 - 26 weeks unpaid Additional Adoption Leave

At least 26 weeks continuous service

- 26.11 Employees who have at least 26 weeks continuous service prior to the week in which s/he is notified of being matched with a child for adoption will be entitled to:
- 52 weeks leave (26 weeks Ordinary and 26 weeks Additional adoption leave) as follows:
 - 6 weeks at 9/10th normal pay (inclusive of payments made by way of Statutory Adoption Pay (SAP),
 - 33 weeks SAP or 90% of their weekly wage, whichever is the lower; and
 - 13 weeks unpaid.

One years reckonable service inclusive of at least 26 weeks continuous service

- 26.12 Employees who have at least 1 year's reckonable service, inclusive of 26 weeks continuous service prior to the week in which they are notified of being matched with a child for adoption, will be entitled to:
- 26 weeks Ordinary Adoption Leave paid as follows:
 - 6 weeks at 9/10th normal pay (inclusive of payments made by way of SAP if applicable);

- 12 weeks half pay plus SAP or 90% of weekly wage, whichever is the lower (the total payment will not exceed full pay);
- 8 weeks SAP or 90% of weekly wage, whichever is the lower; and
- 26 weeks Additional Adoption Leave paid as follows:
 - 13 weeks SAP or 90% of their weekly wage, whichever is the lower;
 - 13 weeks unpaid

26.13 Employees whose average earnings are below the Lower Earnings Limit for National Insurance Contributions will not qualify for SAP.

Qualification for 12 weeks half pay

26.14 In order to qualify for 12 weeks half pay the employee must provide written confirmation of their intention to return to work for a period of not less than 3 calendar months following adoption leave. This is done by completing the 'Application for Adoption Leave and Pay' form.

26.15 Employees who are unsure if they will return to work may elect to postpone payment of half pay until their return by completing the relevant section in the 'Application for Adoption Leave and Pay' form.

26.16 Employees who have indicated their intention to return to work for a period of at least 3 calendar months following their adoption leave, and subsequently decide not to return, must confirm their decision in writing to their line manager. They will be required to repay the period of 12 weeks half pay as the council may decide.

Qualification for Statutory Adoption Pay (SAP)

26.17 In order to qualify for SAP the employee must meet all of the conditions listed below:

- have been continuously employed by the council for 26 weeks prior to the week in which they are notified of being matched with a child for adoption;
- continue to be employed by the council during all or part of the week prior to being notified of being matched with a child for adoption;
- have average weekly earnings at or above the lower earnings limit for the payment of National Insurance contributions;
- have complied with the notification requirements outlined in this policy

26.18 Payment of SAP cannot start earlier than 14 days before the expected date of placement and is paid for a maximum of 39 weeks

27. CONTACT DURING ADOPTION LEAVE

The Council reserves the right to maintain reasonable contact with employees during adoption leave. This may be to discuss employees' plans for return to work, to discuss any special arrangements to be made or training to be given to ease their return to work or to update them on developments at work during their absence

28 KEEPING IN TOUCH DAYS

- 28.1 During adoption leave an employee is allowed up to 10 days at work with normal pay – known as “keeping in touch days” – without bringing the adoption leave period to an end. Normal pay will be inclusive of any SAP payable to the employee.
- 28.2 These days do not require to be consecutive and can be used for training or any other activity that enables the employee to keep in touch with their place of employment.
- 28.3 An employee does not have a right to attend work during adoption leave and, the council has no right to require an employee to attend work during adoption leave. Therefore a decision as to whether or not keeping in touch days will take place is a matter to be decided between an employee and their line manager.

29. RIGHT TO RETURN TO WORK

- 29.1 An employee has a statutory right to return to the job in which they were employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied if they had not been absent.
- 29.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the employee's job and this change would have occurred irrespective of their absence on adoption leave, suitable alternative employment may be offered.
- 29.3 Alternative employment should be suitable to the employee, appropriate to the circumstances, the capacity, and place of employment that applied prior to their absence on adoption leave. The terms and conditions of employment should not be less favourable than if the employee had been able to return to the job in which they were employed prior to their absence.

30. NOTICE TO RETURN

An employee going on adoption leave will be formally advised in writing of the date on which they are expected to return to work if taking their full entitlement to adoption leave. The employee will be expected to return on this date unless they advise the council otherwise. When an employee wishes to return to work prior to this date they must provide at least 8 weeks notice of the intended date of return. If the appropriate notice is not given the council may postpone their return to such a date as will give the council 8 weeks notice provided this is not later than the maximum period of adoption leave.

ADOPTION PROVISIONS

(TEACHERS)

31. NOTIFICATION REQUIREMENTS

- 31.1 The terms of the adoption provisions will apply where a teacher has been newly matched with a child by an approved adoption agency.
- 31.2 An employee adopting a child from overseas must have official notification. Official notification is written notification, issued by or on behalf of the relevant domestic authority (Scottish Executive).
- 31.3 Requests for Adoption Leave and pay must be made on a Teachers' 'Application for Adoption Leave and Pay' form and submitted to the Head Teacher within 7 days of the teacher being notified by the adoption agency that they have been matched with a child for adoption, where this is reasonably practicable.
- 31.4 Application forms are available on-line or from Human Resources.
- 31.5 Requests for Adoption Leave must also be accompanied by a matching certificate from the Adoption Agency detailing the following:
- name and address of the adopter(s);
 - name and address of the Adoption Agency;
 - the date the child is matched;
 - the date the child is placed.
- 31.6 Adopters who wish to change the date on which their leave starts must give the council 28 days written notice, where this is reasonable practicable. The council will respond within 28 days, stating the latest date on which the adopter is expected to return to work.

32. ADOPTION LEAVE AND PAY

- 32.1 Where a couple jointly adopt a child or children, they must decide which partner will take leave under these provisions (the Adopter) as Adoption Leave will only be granted to the Adopter. The partner, however, may be entitled to Adoption Support Leave or Paternity Leave.
- 32.2 In respect of children adopted from within the UK, Adoption Leave must commence either:
- from the date of the child's placement; or
 - from a fixed date up to 14 days before the expected date of placement
- 32.3 The council will grant paid leave to enable the main prospective adopter to attend a maximum of five adoption appointments which may include court hearings, case conferences and other formal meetings. The secondary adopter will be entitled to take unpaid time off for up to two appointments. This entitlement is subject to reasonable notice being given and on production of evidence of the meetings etc.

- 32.4 In respect of children adopted from overseas, Adoption Leave will not be granted to cover the period employees spend travelling overseas to arrange the adoption or visiting the child.
- 32.5 Where more than one child is placed as part of the same adoption arrangement, only one period of leave will be granted.
- 32.6 Adoption leave will not be granted in circumstances where the child is already living as a family member e.g. where the spouse/partner of a natural parent adopts their partner's child (or children).
- 32.7 Under circumstances where the adoption placement ends during the Adoption Leave period the adopter will be entitled to remain absent on Adoption Leave for up to 8 weeks after the end of the placement.
- 32.8 Entitlement to adoption leave and pay is determined by the teacher's length of continuous service

Less than 26 weeks continuous service

- 32.9 Teachers who have less than 26 weeks continuous service prior to the week in which they are notified of being matched with a child for adoption will be entitled to:
- 26 weeks unpaid Ordinary Adoption Leave
 - 26 weeks unpaid Additional Adoption Leave

At least 26 weeks continuous service

- 32.10 Teachers who have at least 26 weeks continuous service prior to the week in which they are notified of being matched with a child for adoption will be entitled to:
- weeks Ordinary Adoption Leave paid as follows:
 - 13 weeks occupational adoption pay and SAP, taken together these payments will be equal to the teacher's normal salary;
 - 13 weeks SAP or 90% of weekly wage, whichever is the lower
 - weeks Additional Adoption Leave paid as follows:
 - 13 weeks SAP or 90% of their weekly wage, whichever is the lower;
 - 13 weeks unpaid
- 32.11 Employees whose average earnings are below the Lower Earnings Limit for National Insurance Contributions will not qualify for SAP.
- 32.12 The adopter must notify the council if, for any reason, the adoption placement ends during the adoption leave. The Adopter will be entitled to remain absent on adoption leave for up to eight weeks after the placement ends, or the expiry of the particular adoption leave period for which they qualify, whichever is sooner.

33. CONTACT DURING ADOPTION LEAVE

The council reserves the right to maintain reasonable contact with employees during adoption leave. This may be to discuss employees' plans for return to work, to discuss any special arrangements to be made or training to be given to ease their return to work or to update them on developments at work during their absence.

34. KEEPING IN TOUCH DAYS

- 34.1 During adoption leave an employee is allowed up to 10 days at work with normal pay – known as “keeping in touch days” – without bringing the adoption leave period to an end. Normal pay will be inclusive of any SAP payable to the employee.
- 34.2 These days do not require to be consecutive and can be used for training or any other activity that enables the employee to keep in touch with their place of employment.
- 34.3 An employee does not have a right to attend work during adoption leave and, the council has no right to require an employee to attend work during adoption leave. Therefore a decision as to whether or not keeping in touch days will take place is a matter to be decided between an employee and their line manager.

35. RIGHT TO RETURN TO WORK

- 35.1 Teachers have a statutory right to return to the job in which they were employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied to them if they had not been absent.
- 35.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the teacher’s job and this change would have occurred irrespective of their absence on adoption leave, suitable alternative employment may be offered.
- 35.3 A Teacher going on adoption leave will be formally advised in writing of the date on which they are expected to return to work if taking their full entitlement to adoption leave and they will be expected to return on this date unless they advise the council otherwise. When a teacher wishes to return to work prior to this date they must provide at least 28 days notice of the intended date of return. If the appropriate notice is not given the council may postpone their return by up to 28 days, provided this is not later than the maximum period of adoption leave.

36. ACCRUAL OF ANNUAL LEAVE

- 36.1 Where a teacher notifies the council that they intend to return to work after adoption leave and where the paid adoption leave period incorporates at least 4 weeks of the school summer holiday (or incorporates in full another school holiday period of at least 1 weeks’ duration), the teacher will accrue credit of 2 days special leave entitlement for each complete week of the vacation that has been lost
- 36.2 A maximum credit of 10 days special leave may be accrued in any leave year
- 36.3 This special leave entitlement should be taken by the teacher, in agreement with the council, following their return to work. The timing of the leave is subject to the needs of the service and should normally be taken in the term in which the teacher returns to work. In exceptional circumstances the teacher may be paid for any days they are unable to take.
- 36.4 Where a teacher gives the council written notice that they do not intend to return to work at the end of their adoption leave period, the council will only make payment in lieu of leave accrued during the first 39 weeks of paid leave.

37. ACCRUAL OF PERSONAL INCREMENTAL CREDIT

Periods of adoption leave count in full as credited service in the determination of placement on the Main Grade Salary Scale in accordance with the salary placement regulations.

SHARED PARENTAL LEAVE

38. SHARED PARENTAL LEAVE

- 38.1 Shared parental leave enables eligible employees to choose how to share time off work after their child is born or placed for adoption.
- 38.2 Pregnant employee must take a minimum of 2 weeks maternity leave following the birth of her child. If an employee is eligible and they or their partner end maternity or adoption leave and pay (or maternity allowance) early, then they can:
- take the remainder of the maternity/adoption leave (up to a maximum of 50 weeks) as shared parental leave
 - take the remainder of the maternity/adoption pay (up to a maximum of 37 weeks) as statutory shared parental pay

Shared parental leave must be taken between the baby's birth and first birthday (or within 1 year of adoption).

39. ELIGIBILITY

- 39.1 For either parent to qualify for shared parental leave, one parent must be eligible for either:
- maternity leave or pay;
 - maternity allowance; or
 - adoption leave or pay

Shared parental leave is also available to qualifying teachers entitled to surrogacy leave. However, for ease of reading the following paragraphs will refer to maternity and adoption leave/pay only.

- 39.2 The employee wishing to take shared parental leave must also:
- share responsibility for the care of the child
 - have 26 weeks continuous service by the end of the 15th week before the due date (or placement date for adoption);
 - remain employed while they take shared parental leave
 - comply with notice/evidence requirements
- 39.3 The partner of the employee wishing to take shared parental leave must also:
- have worked for at least 26 weeks in the 66 weeks leading up to the expected week of childbirth; and
 - have earned an average of at least £30 a week in any 13 of those weeks

40. SHARED PARENTAL PAY

Shared Parental Pay - Non-Teaching Employees

- 40.1 Shared parental pay is equivalent to the lower rate of Statutory Maternity/Adoption Pay where this would normally be payable in accordance with the entitlements detailed in sections 7 and 26 above and subject to the following exceptions:

- the first two weeks of Statutory Maternity/Adoption Pay are not transferrable
- shared parental leave does not attract the higher rate of statutory maternity/adoption pay payable during the first 6 weeks of maternity leave
- there is no occupational element to shared parental pay

Shared Parental Pay - Teachers

40.2 In line with National Terms and Conditions for Teachers, shared parental pay is equivalent to Statutory Maternity/Adoption Pay and Occupational Maternity/Adoption Pay where this would normally be payable in accordance with entitlements detailed in sections 12 and 32 above and subject to following exceptions:

- the first two weeks of Statutory Maternity/Adoption Pay is not transferrable
- the entitlement to 11 weeks OMP and SMP equal to normal pay is not transferrable to the partner

Qualification for Shared Parental Pay

40.3 To qualify for shared parental pay:

- an employee must have 26 weeks continuous service by the end of the 15th week before the due date (or placement date for adoption);
- an employee must have earned above the lower earnings limit in the eight weeks leading up to and including the 15th week before the expected week of childbirth; and
- the employee's partner must meet the employment and earnings test as detailed at paragraph 39.3 above.

41. PATTERNS OF LEAVE

41.1 Shared parental leave can be taken as one continuous block or a number of discontinuous blocks which must be requested by completing a notice to book leave form. Each parent can submit 3 notice to book leave forms.

41.2 If both parents are taking shared parental leave, they can take their leave at the same time as each other or at different times.

Continuous Leave

41.3 A continuous block of leave is an unbroken period of leave to which an employee has a statutory right. The council cannot refuse a continuous block of leave.

Discontinuous Leave

41.4 Discontinuous leave is blocks of leave over a period of time with breaks between the leave when the employee returns to work. Discontinuous leave requested in a single notice can only be taken with the council's agreement. Line managers should meet with the employee to discuss the employee's request for leave within 10 working days of receipt of the notice to book leave.

41.5 Requests for discontinuous leave made by Teachers must be made in blocks of no less than 4 weeks.

41.6 If a request for discontinuous leave is not agreed, the employee has two options:

- take the total amount of leave as one continuous block;
- withdraw the notice to book leave within 15 days of submission and submit a new request. Where a withdrawal and new notice to book leave are received more than 15 days after the original submission, this will count as an additional submission of notice to book leave (a total of 3 statutory submissions are permitted); or

41.7 In line with National Terms & Conditions for Teachers, Teachers will have the opportunity to appeal against a decision not to grant the discontinuous leave by writing to the Head of Service within 15 days of submitting the notice to book leave. An appeal hearing will be arranged within 10 working days of receipt of the appeal and a written decision provided within 10 working days of the hearing. Teachers may be accompanied at the appeal hearing by a Trade Union representative or colleague. Where the appeal is rejected, the teacher may take the total amount of leave as one continuous block or submit a new request.

42. OPTING IN TO SHARED PARENTAL LEAVE

42.1 For shared parental leave to start, the mother (please refer to glossary of terms for full definition) or adopter must do one of the following:

- end their maternity leave or adoption leave by returning to work;
- give notice to their employer of the date when they will end their maternity leave or adoption leave (notice is binding so cannot be withdrawn, except in circumstances detailed at section 44 below);
- end maternity pay or maternity allowance (if they are not entitled to maternity leave, eg they are self-employed)

42.2 If an employee is eligible for, and intends to take shared parental leave they must provide the council with a Notice of Entitlement to take Shared Parental Leave. The notice of entitlement must be submitted at least 8 weeks before the employee intends to take a period of leave. A Notice of Entitlement form is available for this purpose.

42.3 The Notice of Entitlement requires the employee to give an indication of when they intend to take their leave. The employee does not have to take their leave on the dates they state in the Notice of Entitlement, but it will give the line manager advance notice of what is being considered and the opportunity to discuss arrangements with the employee.

42.4 The Notice of Entitlement will also include a declaration from the employee's partner with regard to their eligibility and consent to the employee taking shared parental leave as specified.

43. NOTICE TO BOOK LEAVE

43.1 Leave can be booked at the same time as, or following, the submission of the Notice of Entitlement.

43.2 An employee is entitled to submit 3 separate notices to book leave during the child's first year following birth or adoption placement.

43.3 A notice to book leave must be submitted at least 8 weeks before any period of leave would begin. A Notice to Book Shared Parental Leave form is available for this purpose.

43.4 If the child has not yet been born then a booking can specify that it will commence after a period of time following the birth.

44. CANCELLING THE DECISION TO END MATERNITY OR ADOPTION LEAVE

44.1 The mother or adopter can change their decision to end maternity or adoption leave early if both:

- the planned end date hasn't passed; and
- they haven't already returned to work

44.2 One of the following must also apply:

- it is discovered during the 8 week notice period that neither partner is eligible for either shared parental leave or pay
- the employee's partner has died
- it is less than 6 weeks after the birth (and the mother gave notice before the birth)

44.3 Where an employee wishes to cancel the decision to end maternity/adoption leave, for one of the reasons above, they must inform the council in writing.

45. VARYING LEAVE

45.1 Where an employee needs to vary or cancel a period of booked leave they must submit a Notice to Vary Booked Leave at least 8 weeks before the dates varied begin.

45.2 A Notice to Vary Booked Leave will count as a further notification. Therefore, if the employee had originally agreed leave as part of their first Notice to Book Leave, cancelling or varying the leave would count as a second notification.

45.3 If the employee has already used all of their notifications, the council is under no obligation to agree to vary/cancel the leave but could still consider the request and decide whether it is reasonably practical to grant it.

45.4 A proposal by the council to vary leave (to which the employee agrees) will not count as a further notification.

46. SHARED PARENTAL LEAVE IN TOUCH (SPLIT) DAYS

46.1 During shared parental leave an employee is allowed up to 20 days at work with normal pay – known as “shared parental leave in touch days” – without bringing the leave period to an end. Normal pay for all hours worked will be offset against any shared parental pay payable.

46.2 SPLIT days do not need to be consecutive and can be used for training or any other activity that enables the employee to keep in touch with their place of employment.

46.3 An employee does not have a right to attend work during shared parental leave and, the council has no right to require an employee to attend work during shared

parental leave. Therefore a decision as to whether or not SPLIT days will take place is a matter to be decided between an employee and their line manager.

46.4 Attendance at work for any part of a day will count as one SPLIT day.

47. RIGHT TO RETURN TO WORK

47.1 An employee has a statutory right to return to the job in which they were employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied if they had not been absent.

47.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the employee's job and this change would have occurred irrespective of their absence on shared parental leave, suitable alternative employment may be offered.

47.3 Alternative employment should be suitable to the employee, appropriate to the circumstances, the capacity, and place of employment that applied prior to their absence on shared parental leave. The terms and conditions of employment should not be less favourable than if the employee had been able to return to the job in which they were employed prior to their absence.

47.4 Annual leave will accrue during Shared Parental Leave in the same way it would during Maternity or Adoption Leave.

48. EARLY BIRTH AND OTHER SPECIAL CIRCUMSTANCES

Early Birth

48.1 If the child is born early and the employee has booked to take shared parental leave within the first 8 weeks of the due date, they may take the same period of time off after the birth without having to provide 8 weeks' notice.

48.2 In such circumstances, the employee should submit a Notice to Vary Leave as soon as reasonably practical. Unlike most other variation notices, this would not count as one of the employee's three notifications.

48.3 Any leave arranged after the first 8 weeks of the due date is still bound by the 8 week notice required to vary leave.

48.4 If the child is born more than 8 weeks before the due date and the Notice of Entitlement and/or a Notice to Book Leave have not yet been submitted, then there is no requirement to give 8 weeks' notice before the period of leave starts. The notices should be submitted as soon as reasonably practical.

Death of the Child

48.5 Should the child die before the parents have submitted a Notice of Entitlement then they cannot opt in to Shared Parental Leave. The mother will remain entitled to maternity leave and the mother's partner could still qualify for statutory paternity leave.

48.6 If the parents have opted in to Shared Parental Leave and they have submitted Notice to Book Leave, they will be entitled to take the booked leave. No further notice booking leave can be submitted and only one variation notice can be given to

reduce a period of leave or to rearrange a discontinuous leave arrangement into a single block of leave.

- 48.7 An employee who is on Shared Parental Leave may cancel agreed leave and return to work by giving the council 8 weeks' notice.

Partner No Longer Caring for the Child

- 48.8 If an employee who has booked Shared Parental Leave is no longer responsible for caring for the child (unless it is because the child has died), their entitlement to Shared Parental Leave and Pay will immediately cease and they must tell the council.
- 48.9 If the employee has any leave arranged within 8 weeks of their entitlement ceasing, the council can still require them to take it as Shared Parental Leave. Any weeks of Shared Parental Leave arranged after 8 weeks of their entitlement ceasing must be cancelled.
- 48.10 If the remaining parent will be continuing to care for the child then they will still be eligible to take their Shared Parental Leave entitlement. If the other parent, who is no longer caring for the child had any leave entitlement outstanding, the remaining parent will only be able to transfer it into their own entitlement if they can get the signed agreement of the other parent to a notice confirming a variation of leave entitlement.

Death of a Parent During the Child's First Year

- 48.11 If either parent dies and the other parent is taking, or is entitled to Shared Parental Leave then they will continue to be eligible. Any leave that was due to be taken by the deceased parent may be transferred to the other parent if the other parent is eligible for Shared Parental Leave.
- 48.12 Should it be necessary for the other parent to take a further period of Shared Parental Leave or to vary pre-agreed leave then notice may be given as soon as is reasonably practical if 8 weeks' notice cannot be given. If they have already given 3 notices to take leave they must be allowed to submit one further notice to book/amend Shared Parental Leave.

Multiple Births/Adoptions

- 48.13 An employee is not entitled to more Shared Parental Leave or Pay if they are expecting more than one child. The entitlements are the same as if the employee was expecting one child. This also applies to multiple adoptions that occur in a single placement.

PATERNITY, MATERNITY SUPPORT & ADOPTION SUPPORT PROVISIONS

49. NOTIFICATION REQUIREMENTS

- 49.1 Applications for Paternity Leave or Maternity/Adoption Support Leave must be made on an 'Application for Maternity Support/Adoption Support/Paternity Leave' form (see Appendix 7) and submitted to the line manager/Head Teacher.
- 49.2 Applications for Statutory Paternity Leave must be accompanied by a completed HM Revenue and Customs Statutory Paternity Pay/ Paternity Leave form (see Appendix 9).
- 49.3 Application forms are available on-line or from Human Resources.
- 49.4 Employees wishing to take Statutory Paternity Leave in respect of the birth of a child must advise their manager of their intention to do so by the 15th week before the week in which the birth of the child is expected or as soon as is reasonably practicable. They must state in writing:
- the week in which the child is due;
 - whether they wish to take one or two weeks leave (if applicable); and
 - when they want the leave to start.
- 49.5 Employees wishing to take Statutory Paternity Leave in respect of the adoption of a child must advise their manager of their intention to do so no later than 7 days after the agency has notified the adopter of matching with a child, where reasonably practicable. They must state in writing:
- the week in which the child is due to be placed;
 - whether they wish to take one or two weeks leave (if applicable); and
 - when they want the leave to start.
- 49.6 Applicants wishing to alter the date on which Paternity Leave is to begin must provide their manager with 28 days notice in writing of the change where this is reasonably practicable.
- 49.7 Employees intending to take Maternity Support Leave should notify their line manager/Head Teacher as soon as possible of the pregnancy and indicate the expected date of childbirth.
- 49.8 Employees intending to take Adoption Support Leave must advise their manager of their intention to do so no later than 7 days after the agency has notified the adopter of matching with a child, where this is reasonably practicable.

50. MATERNITY SUPPORT/PATERNITY LEAVE & PAY

- 50.1 Fathers (please refer to the glossary of terms for a full definition) or partners of a pregnant person who have 26 weeks continuous service by the 15th week before the EW C are entitled to one or two week's paternity leave from the date of the child's birth. (*Section 1 of Application Form- Appendix 7*)
- 50.2 Fathers or partners or the nominated carer of a pregnant person, who do not meet the qualifications for Paternity Leave are entitled to Maternity Support Leave of five days at or around the time of birth. The nominated carer is the person nominated by

the pregnant person to assist in the care of the child and to provide support to the pregnant person at or around the time of birth. (*Section 2 of Application Form – Appendix 7*)

- 50.3 For the avoidance of doubt, where an eligible employee elects to take paternity leave, there is no additional entitlement to Maternity Support Leave.
- 50.4 Paternity leave can be taken in a single block or two separate one-week blocks (where applicable) within 52 weeks of the birth of the child. The leave can start on any day of the week.
- 50.5 During Maternity Support/Paternity Leave payment will be as follows:
- the first week will be at full pay
 - the second week (where applicable) will be paid at the current rate of Statutory Paternity Pay (SPP) or 90% of the employee's weekly wage, whichever is the lower.
- 50.6 Employees whose average earnings are below the Lower Earnings Limit for National Insurance Contributions will not qualify for SPP.

The following two paragraphs are for TEACHERS only:

- 50.7 Where leave incorporates one complete week of a school vacation, the teacher will accrue credit of two days special leave entitlement, to be taken up by the teacher in agreement with the council during the term following the vacation concerned subject to the overriding needs of the service.
- 50.8 A teacher, who is the father or partner of a pregnant person, shall be entitled to the Maternity Support provisions in circumstances where the child is stillborn after 24 weeks or has died, or where the child's mother has died.

51. ADOPTION SUPPORT/PATERNITY LEAVE & PAY

- 51.1 Partners of an adoptive parent who have 26 weeks continuous service by the start of the week in which they are notified of the placement of a child are entitled to one or two week's Paternity Leave from the time the adopted child is brought into the home. (*Section 1 of Application Form – Appendix 7*)
- 51.2 Partners or the nominated carer of an adoptive parent, who do not meet the qualifications for Paternity Leave are entitled to Adoption Support Leave of five days around the time the adopted child is brought into the home. (*Section 3 of Application Form – Appendix 7*)
- 51.3 For the avoidance of doubt, where an eligible employee elects to take Paternity Leave, there is no additional entitlement to Adoption Support Leave.
- 51.4 Paternity leave can be taken in a single block or two separate one-week blocks (where applicable) within 52 weeks of the birth of the child. The leave can start on any day of the week.
- 51.5 During Adoption Support/Paternity Leave payment will be as follows:
- the first week will be at full pay
- 51.6 the second week (where applicable) will be paid at the current rate of Statutory Paternity Pay (SPP) or 90% of the employee's weekly wage, whichever is the lower.

Employees whose average earnings are below the Lower Earnings Limit for National Insurance Contributions will not qualify for SPP.

PARENTAL LEAVE PROVISIONS

52. PARENTAL LEAVE

- 52.1 An employee with at least one years continuous service is entitled to up to 18 weeks unpaid parental leave per child if they meet one of the following conditions:
- They are the parent of a child who is under 18 years of age
 - They have adopted a child under the age of 18 years of age
 - They have acquired formal parental responsibility for a child who is under 18 years of age
- 52.2 Parental Leave is limited to 4 weeks per annum, however the Depute Chief Executive has discretion to grant additional Parental Leave subject to the overall maximum entitlement not being exceeded.
- 52.3 Employees may not take parental leave in blocks of less than one week.
- 52.4 If the parent does not have one year's continuous service at the date they wish Parental Leave to commence their entitlement will be suspended until this requirement is met.
- 52.5 The Depute Chief Executive has discretion to postpone a period of Parental Leave if the employee's absence during the period requested would adversely affect the efficient functioning of the service. Parental Leave can be postponed for a maximum period of 6 months.
- 52.6 Parental Leave cannot be postponed where:
- the leave is being taken by the father or partner immediately after the birth or adoption of a child; or
 - postponing would result in an employee no longer qualifying for parental leave eg postponing until after the child's 18th birthday.

53. NOTIFICATION REQUIREMENTS

- 53.1 Requests for Parental Leave must be made on an 'Application for Parental Leave' form and submitted to the line manager/Head Teacher at least 21 days before the date the employee intends the leave to commence.
- 53.2 Application forms are available on-line or from Human Resources.
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SURROGACY LEAVE PROVISIONS (TEACHERS)

54. NOTIFICATION REQUIREMENTS

- 54.1 The terms of the surrogacy leave provisions will apply where an intended parent plans to obtain a parental order after receiving a child through a surrogacy arrangement.
- 54.2 An application for a parental order can only be made after the child is six weeks old and before the child is six months old.
- 54.3 The intended parent should provide the council with a copy of the Parental Order when it is available. It is recognised that surrogacy leave may have commenced before the Parental Order is available.
- 54.4 The intended parent should provide the council with a copy of the MATB1 certificate which the birth mother obtains from their GP or midwife at around 26 weeks before the baby is due.
- 54.5 The intended parent should provide the council with at least 28 days written notice of their intention to take surrogacy leave. A surrogacy leave notification form is available for this purpose.

55. SURROGACY LEAVE AND PAY

- 55.1 Surrogacy leave may begin:
- from the date of the child's placement; or
 - from a fixed date up to 14 days before the expected date of placement.
- 55.2 The intended parent is entitled to up to 52 weeks leave regardless of service.
- 55.3 A teacher with less than 26 weeks continuous service, prior to the week in which they receive the child, is entitled to up to 52 weeks surrogacy leave without pay.
- 55.4 A teacher with at least 26 weeks continuous service, prior to the week in which they receive the child, is entitled to up to 52 weeks surrogacy leave with pay as follows:
- 13 weeks at normal salary; followed by
 - 26 weeks at a sum equivalent to Statutory Adoption Pay

56. CONTACT DURING SURROGACY LEAVE

- 56.1 The council reserves the right to maintain reasonable contact with employees during surrogacy leave. This may be to discuss employees' plans for return to work, to discuss any special arrangements to be made or training to be given to ease their return to work or to update them on developments at work during their absence

57. KEEPING IN TOUCH DAYS

- 57.1 During surrogacy leave an employee is allowed up to 10 days at work with normal pay – known as “keeping in touch days” – without bringing the surrogacy leave period to an end. Normal pay will be inclusive of any SAP payable to the employee.
- 57.2 These days do not require to be consecutive and can be used for training or any other activity that enables the employee to keep in touch with their place of employment.
- 57.3 An employee does not have a right to attend work during surrogacy leave and, the council has no right to require an employee to attend work during surrogacy leave. Therefore a decision as to whether or not keeping in touch days will take place is a matter to be decided between an employee and their line manager.

58. RIGHT TO RETURN TO WORK

- 58.1 Teachers have a statutory right to return to the job in which they were employed under their original contract of employment and on terms and conditions no less favourable than those that would have applied to them if they had not been absent.
- 58.2 However, where exceptional circumstances occur, i.e. where an organisational change necessitates an alteration to the teacher's job and this change would have occurred irrespective of their absence on adoption leave, suitable alternative employment may be offered.
- 58.3 A Teacher going on surrogacy leave will be formally advised in writing of the date on which they are expected to return to work if taking their full entitlement to surrogacy leave and they will be expected to return on this date unless they advise the council otherwise. When a teacher wishes to return to work prior to this date they must provide at least 28 days written notice of the intended date of return. If the appropriate notice is not given the council may postpone their return by up to 28 days, provided this is not later than the maximum period of surrogacy leave.

59. ACCRUAL OF ANNUAL LEAVE

- 59.1 During surrogacy leave a teacher will accrue up to a maximum of 40 days annual leave per year in line with Teachers contractual entitlement. If surrogacy leave spans two leave years then any outstanding leave will be carried forward.
- 59.2 The 40 days contractual entitlement is inclusive of 28 days statutory leave entitlement. The statutory entitlement of 28 days (pro-rata for part-time employees) must be taken for each leave year and cannot be paid in lieu. On return from surrogacy leave the employee must take any remaining statutory leave in that leave year or as soon as possible if this is not practicable. The timing of this leave will take account of the needs of the service and:
- (a) in the case of teachers and music instructors, should normally be taken in the term in which the return to work takes place, or within the following term; or
 - (b) in the case of education support officers, quality improvement officers and educational psychologists, should normally be taken as soon as possible following the return to work.

- 59.3 The remaining balance of accrued leave should where possible be taken during school closure days. Otherwise, dependant on service needs the Head Teacher may agree to the employee taking the leave prior to return to work.
- 59.4 Where a teacher gives the council written notice that s/he does not intend to return to work at the end of their surrogacy leave period, the council will only make payment in lieu of leave accrued during the first 39 weeks of paid leave.

SPECIAL LEAVE PROVISIONS

60. LEAVE FOR PLANNED HEALTH CARE OF A YOUNG CHILD

- 60.1 In the first five years of a child's life, the Depute Chief Executive or nominated representative has discretion to grant an employee who is the natural or adoptive parent of the child, up to five working days paid leave and five working days unpaid leave in order to accompany the child to:
- post-natal child care clinic(s);
 - visit a medical practitioner for the purposes of preventative medicine (e.g. inoculations etc).
- 60.2 When considering a request for leave the Depute Chief Executive or nominated representative shall take into account the amount of discretionary leave already granted to the employee and the needs of the service. Requests must be accompanied by evidence of the child's appointment.
- 60.3 Where both parents work for the council, only one parent may request leave in respect of each appointment for the planned health care of a young child. At the time of application therefore, employees are required to notify their Depute Chief Executive or nominated representative of the name of the child and the number of days leave already granted to their partner in respect of the planned health care of that child.

61. SPECIAL LEAVE TO CARE FOR AN ILL DEPENDANT

- 61.1 The following provisions apply in respect of employees requiring leave to care for ill or seriously ill dependants.

Illness of a Dependant

- 61.2 Where the dependant is reliant upon the day-to-day care of an employee, the Depute Chief Executive or nominated representative has discretion to grant the employee up to five working days paid Special Leave, and thereafter, up to ten working days unpaid Special Leave in any 12 month period.
- 61.3 Requests for Special Leave under these provisions must be made to the Depute Chief Executive or nominated representative as early as possible on the first day of absence and should indicate:
- The employee's relationship to the dependant;
 - The nature of the dependant's illness;
 - The expected duration of the employee's absence;
 - If possible, if the period of absence is likely to continue beyond five working days.
- 61.4 Where an absence is likely to continue beyond one day, the employee must agree with the Depute Chief Executive or nominated representative the frequency of contact to be maintained.
- 61.5 If the period of absence exceeds the maximum of 15 working days available for the Illness of a Dependant, employees may apply for leave under the arrangements for Special Leave for Serious Illness of a Dependant as specified below.

Serious Illness of a Dependant

- 61.6 Where an employee exhausts their entitlement to 15 working days Special Leave for the illness of a dependant, the Depute Chief Executive has discretion to extend the unpaid leave period to a maximum of one year for the serious illness of a dependant.
- 61.7 Under this provision a maximum of two periods of extended unpaid leave can be granted to an employee, providing there is at least three years service between the first and second period of leave.
- 61.8 Employees on Special Leave for the Serious Illness of a Dependant are required to contact their line manager/Head Teacher or other nominated officer at least on a monthly basis to confirm their ongoing requirement to be absent (the Depute Chief Executive has discretion to require more frequent contact).
- 61.9 On a three monthly basis, the Depute Chief Executive should request a statement from the dependant's medical practitioner confirming the continuing need for the employee's absence and the likely duration of this requirement.
- 61.10 Where an employee is able to return to work earlier than previously expected, s/he must give 21 days notice of the intended return date.
- 61.11 Depute Chief Executives will arrange for their employees on extended leave for the Serious Illness of a Dependant to be kept informed of any relevant developments in their Service and in the council.
- 61.12 Employees, who do not require or are unable to take a complete break from work to care for a seriously ill dependant, may request that their hours of work be reduced or re-arranged for a fixed-term period. Depute Chief Executives will treat any such requests sympathetically, having regard to the employee's personal circumstances, and the needs of the Service.
- 61.13 Normally, the combination of unpaid Special Leave and reduced or re-arranged working hours will not exceed a total period of twelve months. Where hours of work are reduced or re-arranged in accordance with this provision, the employee's salary/wage will be adjusted accordingly.

62. NOTIFICATION REQUIREMENTS FOR SPECIAL LEAVE PROVISIONS

- 62.1 Requests for leave for the Planned Health Care of a Young Child, and for Special Leave for Illness of a Dependant must be made on an 'Application for Special Leave' form and submitted to the line manager/Head Teacher.
- 62.2 Requests for leave for the Serious Illness of a Dependant must also be made on an 'Application for Special Leave' form and be accompanied by a statement from the dependant's medical practitioner indicating the anticipated length of time the dependant will require the employee's care. The employee must meet the cost of obtaining the medical statement.
- 62.3 Application forms are available on-line or from Human Resources.

63. BEREAVEMENT

- 63.1 Where a dependant or a family member dies, the Depute Chief Executive or nominated representative has discretion to grant paid leave for a maximum of five working days. In exercising discretion the Depute Chief Executive or nominated representative will take account of:
- the circumstances which justify leave to attend the funeral
 - the requirement for an employee to make funeral arrangements
 - the requirement for an employee to travel over long distances (for travel outside the UK the absence may be part paid and part unpaid)
- 63.2 Where there are special circumstances unpaid leave may be granted for longer periods than five working days and the Depute Chief Executive should judge these cases on their merits.
- 63.3 Where a close friend, West Lothian Council colleague or former colleague dies, the Depute Chief Executive or nominated representative has discretion to grant employee(s) paid leave to attend the funeral.
- 63.4 Requests for Bereavement Leave must be made on an 'Application for Special Leave' form and submitted to the line manager/Head Teacher.
- 63.5 Application forms are available on-line or from Human Resources.

64. PARENTAL BEREAVEMENT LEAVE

- 64.1 In addition to bereavement leave outlined in section 63 above, parents of a child who dies under the age of 18 including a stillborn child born after 24 weeks of pregnancy, will be entitled to up to 2 weeks paid parental bereavement leave.
- 64.2 A parent is defined as any individual who has primary care responsibilities for the child (including adoptive parents, those who are fostering to adopt, legal guardians and most foster parents – except those in short term fostering arrangements).
- 64.3 Parental Bereavement Leave must be taken as a single block of 2 weeks, or 2 separate blocks of 1 week at any time up to 56 weeks from the date of the death of the child.
- 64.4 Parental Bereavement Pay will be equal to normal pay.
- 64.5 Where more than one child dies, the parent will be entitled to leave and pay in respect of each child.
- 64.6 Notice to take leave will not be required when the leave is taken immediately after the death of the child. Leave taken at a later date will require 2 weeks' notice and can be requested on an 'Application for Special Leave' form and submitted to the line manager/Head Teacher.

65. MONITORING AND CONTROL

- 65.1 In order to ensure effective monitoring and control Services should keep records of all requests and approvals for Special Leave granted under the following headings:
- i. Maternity Leave
 - ii. Adoption Leave
 - iii. Paternity Leave

- iv. Maternity Support Leave
- v. Adoption Support Leave
- vi. Parental Leave
- vii. Leave for the Planned Health Care of a Young Child
- viii. Special Leave for Illness of a Dependant
- ix. Special Leave for Bereavement

65.2 Any abuse of the leave provisions provided for within this policy or failure to comply with the notification and certification arrangements specified therein will be viewed very seriously and will normally result in the council's Disciplinary Procedure being invoked.

66. EMPLOYEE COMPLAINTS

66.1 An employee who is dissatisfied with the way in which this policy and procedure are applied to their circumstances has the right to raise their complaint through the council's Procedure for Hearing Employee Grievances.

67. REVIEW ARRANGEMENTS

67.1 The terms and operation of the Policy and Procedure on Leave for Family Care Purposes shall be kept under review. Any amendments, which are considered necessary, will be made by joint agreement between the council and the trade unions.

GLOSSARY OF TERMS

TERM	DEFINITION
Childbirth	The birth of a living child or, after 24 weeks of pregnancy the birth of a child whether living or dead.
Expected week of childbirth	The period of seven days beginning with midnight on Saturday/Sunday within which the birth is expected to take place.
Reckonable service	All service with West Lothian Council (or any local authority or appropriate employer listed in the Redundancy payments (Local Government) (Modification) Order 1983 (as amended).
Continuous service	Continuous previous service with any public authority to which the Redundancy Payments Modification Order (Local Government) 1983 (as amended) applies.
Dependant	An adult or child who is dependent upon the day-to-day care of an employee at the time of an application for Special Leave.
Illness of a dependant	Illness of a dependant, which does <u>not</u> require an employee to be absent from work for a total period exceeding 15 working days in any calendar year.
Serious illness of a dependant	Illness of a dependant, which requires an employee to be absent from work for a total period exceeding 15 working days in any calendar year.
Family member	To be defined by the Depute Chief Executive in the widest possible sense having regard to the nature of the relationship which the person has with the employee and the circumstances prevailing in each case.
Mother	This is a broad term and encompasses any employee who may become pregnant regardless of their gender identity or expression
Father	This is a broad term that encompasses all staff who are the biological parent of the child, the partner of the pregnant parent (including same-sex partner) or are the adoptive parent of the child.
Partner	This is a broad term and includes heterosexual and same sex (same-gender) relationships/partnerships.

APPLICATION FOR SPECIAL LEAVE

(Leave for Planned Health Care of a Young Child; Special Leave to Care for an Ill Dependant, and Bereavement Leave)

Please complete the relevant sections below and give the form to your line manager.
Your line manager will complete page two, advise you of the outcome of your request and ensure that you receive a copy of the completed application.

Name: Employee No:

Job Title:

Location:

You are **not automatically** entitled to special leave, therefore it is important to give as much information as possible in order that your request be given full consideration.

Please indicate the leave you are applying for by ✓ the relevant box below:

Leave for Planned Health Care of a Young Child ☐

(Maximum entitlement 5 days paid and 5 days unpaid leave in the first five years of the child's life)

Requests must be accompanied by evidence of the child's appointment.

Child's Name: Child's Date of Birth:

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for request:

Date of leave required:

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your partner work for the council (✓ as appropriate)

YES	<input type="text"/>	NO	<input type="text"/>
-----	----------------------	----	----------------------

If YES, please indicate your partner's name, designation and work location below

Name:

Designation:

Work Location:

Special Leave to Care for an Ill Dependant ☐

(Maximum entitlement is 5 days paid and up to 10 days unpaid in any rolling 12 month period)

Special Leave to Care for a Seriously Ill Dependant ☐

(Director has discretion to grant up to a maximum period one year unpaid leave)

Relationship of dependant:

Nature of dependant's illness:

Dates of Leave Requested From

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 To

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature: Date:

Bereavement Leave Section is Overleaf

Bereavement and Parental Bereavement Leave

(maximum entitlement is 5 days paid bereavement leave and 2 weeks paid parental bereavement leave)

Number of days requested:

Dates of Leave Requested (inclusive dates)

From

D	D	M	M	Y	Y

To

D	D	M	M	Y	Y

Your relationship to the deceased:

Location of funeral:

Special Circumstances (if appropriate):

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

~~~~~  
To be completed by the Line Manager in accordance with the council's Policy and Procedure on Leave for Family Care Purposes

**Please note that only the Depute Chief Executive has discretion to authorise extended unpaid leave for the illness of a Dependant.**

**Outcome of request for leave of absence**

Request agreed (✓)

Number of days authorised WITH pay:

Number of days authorised UNPAID:

Request refused (✓)

If request refused a full explanation must be given below:

**I confirm the applicant has received a signed copy of this form.**

Line Manager's Signature:

Date:

Absence Code (see back of Weekly Absence Return):

**Please DO NOT forward this form to Payroll**

**Authorised Special Leave must be recorded on your Weekly Absence Return for Payroll (including absence code).**

Managers should keep a central record of authorised absences for their section for monitoring purposes and to ensure that employees do not exceed entitlement limits.

A copy of this form should be placed in the employee's personal file



### MATERNITY NOTIFICATION FORM - NON-TEACHING STAFF

(Please complete in BLOCK capitals)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Employee No: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| Designation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| Place of Employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| <p style="text-align: center;">This section is for <b>ALL</b> staff</p> <p>I wish to inform you that I am pregnant and that I intend taking a period of maternity leave</p> <p style="text-align: center;">Date maternity leave to start: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table></p> <p style="background-color: #e0e0e0; padding: 5px;">Please select ONE of the options outlined in each of the two sections below by placing a ✓ in the appropriate box)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">I will definitely be returning to work and wish to take the 12 weeks half pay scheme.</td> <td style="width: 20%; text-align: center; vertical-align: middle;"><table border="1" style="width: 50px; height: 30px;"></table></td> </tr> <tr> <td style="padding: 5px;">I wish to keep my options open, and will defer the half pay scheme until I return to work.</td> <td style="text-align: center; vertical-align: middle;"><table border="1" style="width: 50px; height: 30px;"></table></td> </tr> <tr> <td style="padding: 5px;">I will not be returning to work.</td> <td style="text-align: center; vertical-align: middle;"><table border="1" style="width: 50px; height: 30px;"></table></td> </tr> </table> |                                                                                                                            | I will definitely be returning to work and wish to take the 12 weeks half pay scheme. | <table border="1" style="width: 50px; height: 30px;"></table> | I wish to keep my options open, and will defer the half pay scheme until I return to work. | <table border="1" style="width: 50px; height: 30px;"></table> | I will not be returning to work. | <table border="1" style="width: 50px; height: 30px;"></table> |
| I will definitely be returning to work and wish to take the 12 weeks half pay scheme.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <table border="1" style="width: 50px; height: 30px;"></table>                                                              |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| I wish to keep my options open, and will defer the half pay scheme until I return to work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 50px; height: 30px;"></table>                                                              |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| I will not be returning to work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 50px; height: 30px;"></table>                                                              |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| <p>This section <b>does NOT</b> apply to <b>part-year</b> staff.</p> <p>I have a balance of <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> hours/days annual leave due to me up to my period of maternity leave.</p> <p>I will use this leave immediately before my maternity leave, therefore my last working day will be:</p> <p>Enter date: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| <p><b>This section is only for members of Lothian Pension Fund.</b></p> <p>If you decide to take a period of unpaid additional Maternity Leave you will not build up pension benefits during this time. You can elect to cover the period of pension 'lost' by taking out a Shared Cost Additional Pension Contribution (SCAPC) contract. Provided that you make an election to buy the 'lost' pension within 30 days of ending maternity leave the cost is shared 1/3<sup>rd</sup> to you and 2/3<sup>rd</sup>s to the Council.</p> <p>You can receive a quote and apply to buy any 'lost' pension at:<br/> <a href="http://scotlgps2015.org/apc/?_ga=1.220510936.1396356657.1448628855">http://scotlgps2015.org/apc/?_ga=1.220510936.1396356657.1448628855</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                                                                                       |                                                               |                                                                                            |                                                               |                                  |                                                               |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Employee's signature:</td> <td style="width: 40%; padding: 5px;">Date:</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | Employee's signature:                                                                 | Date:                                                         |                                                                                            |                                                               |                                  |                                                               |
| Employee'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](https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21-Contract_of_Employment_Privacy_Notice.pdf)

You should complete and submit this form to your Line Manager by the 15<sup>th</sup> week before the Expected Week of Childbirth. **Your 'MATB1' certificate should be submitted to your line manager not less than 21 days before you start your maternity leave.**

You should also indicate to your line manager the length of maternity leave you intend to take.

Line Manager to return completed application and MATB1 **as soon as possible** to:  
 HR Services, Civic Centre, Howden South Road, Livingston EH54 6FF.

**MATERNITY NOTIFICATION FORM**
**TEACHERS**

(Please complete in BLOCK capitals)

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Name:                | Employee No: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| Designation:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| Place of Employment: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |

I wish to inform you that I am pregnant and that I intend taking a period of maternity leave

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Date maternity leave to start:

(Please select ONE of the options outlined below by placing a ✓ in the appropriate box)

I intend to take a period of 'Ordinary' Maternity Leave only

I intend to take a period of 'Additional' Maternity Leave

|  |
|--|
|  |
|  |

**Pension**

If you are taking a period of unpaid Additional Maternity Leave and you wish to continue making pension contributions during this period, you must contact the Scottish Public Pensions Agency direct to make the necessary arrangements:

The Scottish Public Pensions Agency  
 7 Tweedside Park, Galashiels TD1 3TE  
 ∴ (01896) 893071

Employee's signature:

Date:

 You should complete and submit this form to your Head Teacher, **together with your 'MATB1' certificate**, not less than 3 weeks before you start your maternity leave.

 Head Teacher to return completed application and MATB1 **as soon as possible** to:  
 Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF

**APPLICATION FOR ADOPTION LEAVE AND PAY  
NON TEACHING STAFF**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|-------------------------------------------------------|--|--|--|--|--|--|--|
| I confirm that I am the named adopter of a child and I wish to apply for Adoption Leave under the terms of the council's Policy and Procedure on Leave for Family Care Purposes. I also confirm that I have worked for the council for a continuous period of 26 weeks prior to the week in which I was notified of being matched with the child.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employee No: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |   |   |   |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Post Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Place of Employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Service Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Designation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| <b>ADOPTION DETAILS FOR CHILDREN ADOPTED FROM WITHIN U.K.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D                                                                                                                                                                       | D | M | M | Y | Y                                                     |  |  |  |  |  |  |  |
| Date of Child's Placement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Date Adoption Leave to commence:<br><i>(no earlier than 14 days prior to expected date of Placement)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Date Adoption Leave expected to end:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| <b>ADOPTION DETAILS FOR CHILDREN ADOPTED FROM OUTWITH U.K.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Date Child entered U.K.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Date Adoption Leave to commence: <i>(no earlier than the date the child enters U.K. or no later than 28 days after this date)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Date Adoption Leave expected to end:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| <b>This section is only for employees with at least one year's reckonable service</b><br>(Inclusive of 26 weeks continuous service).<br>(Please select ONE of the options below by placing a ✓ in the appropriate box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| I confirm I intend to return to work for a period of no less than 3 calendar months following the end of my Adoption Leave period. However in the event that I do not return, I shall refund the money paid to me in respect of the 12 weeks period at 5/10ths pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |   |   |   |   | <input style="width:40px; height:20px;" type="text"/> |  |  |  |  |  |  |  |
| I wish to keep my options open, and will defer the half pay scheme until I return to work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                         |   |   |   |   | <input style="width:40px; height:20px;" type="text"/> |  |  |  |  |  |  |  |
| I will not be returning to work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |   |   |   |   | <input style="width:40px; height:20px;" type="text"/> |  |  |  |  |  |  |  |
| <b>This section is only for members of Lothian Pension Fund.</b><br><br>If you decide to take a period of unpaid additional Maternity Leave you will not build up pension benefits during this time. You can elect to cover the period of pension 'lost' by taking out a Shared Cost Additional Pension Contribution (SCAPC) contract. Provided that you make an election to buy the 'lost' pension within 30 days of ending maternity leave the cost is shared 1/3 <sup>rd</sup> to you and 2/3 <sup>ds</sup> to the Council.<br>You can receive a quote and apply to buy any 'lost' pension at:<br><a href="http://scotlqps2015.org/apc/?_ga=1.220510936.1396356657.1448628855">http://scotlqps2015.org/apc/?_ga=1.220510936.1396356657.1448628855</a> |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |
| Employee's Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |   |   |   |   |                                                       |  |  |  |  |  |  |  |

Completed form, **together with Matching Certificate from Adoption Agency**, to be submitted to Line Manager no later than 7 days of being notified by adoption agency of being matched with a child.

Line Manager to forward completed application and supporting documents **as soon as possible** to:  
Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF.

DATA LABEL: PROTECT: PRIVATE/CONFIDENTIAL

**APPLICATION FOR ADOPTION LEAVE AND PAY  
TEACHERS**

|                                                                                                                                                                                  |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| I confirm that I am the named adopter of a child and I wish to apply for Adoption Leave under the terms of the council's Policy and Procedure on Leave for Family Care Purposes. |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| Name:                                                                                                                                                                            | Employee No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| Address:                                                                                                                                                                         |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| Post Code:                                                                                                                                                                       |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| Place of Employment:                                                                                                                                                             |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| Designation:                                                                                                                                                                     |                                                                                                                                                                                 |  |  |  |  |  |  |  |  |

| ADOPTION DETAILS FOR CHILDREN ADOPTED FROM WITHIN U.K.                                                                            |   |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
|                                                                                                                                   | D | D | M | M | Y | Y |
| Date of Child's Placement:                                                                                                        |   |   |   |   |   |   |
| Date Adoption Leave to commence:<br><i>(no earlier than 14 days prior to expected date of Placement):</i>                         |   |   |   |   |   |   |
| Date Adoption Leave expected to end:                                                                                              |   |   |   |   |   |   |
| ADOPTION DETAILS FOR CHILDREN ADOPTED FROM OUTWITH U.K.                                                                           |   |   |   |   |   |   |
| Date Child entered U.K.:                                                                                                          |   |   |   |   |   |   |
| Date Adoption Leave to commence: <i>(no earlier than the date the child enters U.K. or no later than 28 days after this date)</i> |   |   |   |   |   |   |
| Date Adoption Leave expected to end:                                                                                              |   |   |   |   |   |   |

|                       |       |
|-----------------------|-------|
| Employee's Signature: | Date: |
|-----------------------|-------|

**Pension**

If you are taking a period of unpaid Ordinary or Additional Adoption Leave and you wish to continue making pension contributions during this period, you must contact the Scottish Public Pensions Agency direct to make the necessary arrangements:

The Scottish Public Pensions Agency  
7 Tweedside Park, Galashiels TD1 3TE  
•: (01896) 893071

Completed form, **together with Matching Certificate from Adoption Agency**, to be submitted to Head Teacher no later than 7 days of being notified by adoption agency of being matched with a child.

Head Teacher to forward completed application and supporting documents **as soon as possible** to:  
Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF.



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

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):                                                                                                                     |                                                             |
| <b>1. PATERNITY LEAVE AND PAY</b> <input style="width: 50px; height: 20px;" type="checkbox"/>                                                                                                  |                                                             |
| Applicants must have at least 26 weeks continuous service at the 15 <sup>th</sup> 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                                                                                                                                               | <input style="width: 50px; height: 20px;" type="checkbox"/> |
| I confirm I am the partner of the expectant mother                                                                                                                                             | <input style="width: 50px; height: 20px;" type="checkbox"/> |
| I confirm I am the partner of the adopting parent                                                                                                                                              | <input style="width: 50px; height: 20px;" type="checkbox"/> |
| I wish to apply for one week's leave <input style="width: 50px; height: 20px;" type="checkbox"/>                                                                                               | Commencing on:                                              |
| I wish to apply for two week's leave <input style="width: 50px; height: 20px;" type="checkbox"/>                                                                                               | Commencing on:                                              |
| (Please note 2 <sup>nd</sup> week is payable at the current Statutory Paternity Pay rate only.<br><b>Applications must be accompanied by a completed HM Revenue form – see Appendix 9).</b>    |                                                             |

Please note if you have applied for Paternity Leave at 1 above, Maternity/Adoption Support Leave cannot be granted in addition.

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>2. MATERNITY SUPPORT LEAVE AND PAY</b> <input style="width: 50px; height: 20px;" type="checkbox"/> | Commencing:                                                 |
| I confirm I am the partner of the expectant mother                                                    | <input style="width: 50px; height: 20px;" type="checkbox"/> |
| I confirm I am the nominated carer of the expectant mother                                            | <input style="width: 50px; height: 20px;" type="checkbox"/> |

|                                                                                                   |                                                             |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>3. ADOPTION SUPPORT LEAVE AND PAY</b>                                                          |                                                             |
| I confirm I am the partner of the adopting parent                                                 | <input style="width: 50px; height: 20px;" type="checkbox"/> |
| I wish to apply for 5 days paid leave <input style="width: 50px; height: 20px;" type="checkbox"/> | Commencing on:                                              |

|                       |       |
|-----------------------|-------|
| Employee's Signature: | Date: |
| Manager's Signature:  | Date: |

Completed form must be submitted to the Line Manager as follows:

- Paternity Leave - by the 15<sup>th</sup> 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:  
Payroll, Civic Centre, Howden South Road, Livingston EH54 6FF.

**APPLICATION FOR PARENTAL LEAVE  
(Non-Teaching Staff)**

Employees must have at least one year's continuous service at the date they wish Parental Leave to commence, and must provide their manager with at least 21 days written notice of the date they intend the leave to commence.

Parents are entitled to 18 weeks unpaid Parental Leave per child up until the child's 18<sup>th</sup> birthday.

Parental Leave is limited to 4 weeks per annum, however the Depute Chief Executive has discretion to grant additional Parental Leave subject to the overall maximum entitlement not being exceeded.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|----------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employee No:                   | <input type="text"/>           | <input type="text"/>           | <input type="text"/>            | <input type="text"/>           | <input type="text"/>           | <input type="text"/> |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                |                                |                                 |                                | Post Code:                     |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Service Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Designation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Place of Employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Date Employment Began:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text" value="D"/> | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/>  | <input type="text" value="Y"/> | <input type="text" value="Y"/> |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <b>Completed form must be submitted to your Line Manager at least 21 days before commencement of Parental Leave.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Amount of Parental Leave Requested (state no. of weeks):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <div style="display: flex; justify-content: space-between;"> <div>             Dates of Parental Leave (inclusive dates):    From             <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td><input type="text" value="D"/></td><td><input type="text" value="D"/></td><td><input type="text" value="M"/></td><td><input type="text" value="M"/></td><td><input type="text" value="Y"/></td><td><input type="text" value="Y"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> </div> <div>             To             <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td><input type="text" value="D"/></td><td><input type="text" value="D"/></td><td><input type="text" value="M"/></td><td><input type="text" value="M"/></td><td><input type="text" value="Y"/></td><td><input type="text" value="Y"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> </div> </div> |                                |                                |                                |                                 |                                |                                |                      | <input type="text" value="D"/> | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="D"/> | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="D"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/>  | <input type="text" value="Y"/> |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>            | <input type="text"/>           |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <input type="text" value="D"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/>  | <input type="text" value="Y"/> |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>            | <input type="text"/>           |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <b>This section is only for members of Lothian Pension Fund.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| If you wish to continue paying pension contributions during unpaid parental leave, please select one of the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| When I return to work, please arrange to deduct the contributions from my salary over a time period of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| <input type="radio"/> 3 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | <input type="radio"/> 6 months |                                | <input type="radio"/> 12 months |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Name of Child:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| I confirm my request for Parental Leave, and authorise the necessary deduction from my pay. I also confirm my request meets the requirements for Parental Leave as stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                |                                |                                 |                                |                                |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |
| Employee's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                |                                |                                 |                                | Date:                          |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                                |                                |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |

Depute Chief Executive or nominated representative

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Line Manager to forward completed form **as soon as possible** to:  
Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF.

## APPLICATION FOR PARENTAL LEAVE (Teachers)

Employees must have at least one year's continuous service at the date they wish Parental Leave to commence, and must provide their manager with at least 21 days written notice of the date they intend the leave to commence.

Parents are entitled to 18 weeks unpaid Parental Leave per child up until the child's 18<sup>th</sup> birthday.

Parental Leave is limited to 4 weeks per annum, however the Depute Chief Executive has discretion to grant additional Parental Leave subject to the overall maximum entitlement not being exceeded.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---|---|---|---|---|---|------------|---|-------|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employee No: |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |   |   |   |   |   |   | Post Code: |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Designation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Place of Employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Employment Began:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D            |   | D |   | M |   | M |            | Y |       | Y |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Completed form must be submitted to your Line Manager at least 21 days before commencement of Parental Leave.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of Parental Leave Requested (state no. of weeks):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dates of Parental Leave (inclusive dates):      From <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>D</td><td></td><td>D</td><td></td><td>M</td><td></td><td>M</td><td></td><td>Y</td><td></td><td>Y</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> To <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>D</td><td></td><td>D</td><td></td><td>M</td><td></td><td>M</td><td></td><td>Y</td><td></td><td>Y</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |              |   |   |   |   |   |   |            |   |       |   |  | D |  | D |  | M |  | M |  | Y |  | Y |  |  |  |  |  |  |  |  |  |  |  |  |  | D |  | D |  | M |  | M |  | Y |  | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | D |   | M |   | M |   | Y          |   | Y     |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | D |   | M |   | M |   | Y          |   | Y     |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Pension</b><br>If you are taking a period of unpaid Ordinary or A dditional Adoption Leave and you wish to continue making pension contributions during this period, you must contact the Scottish Public Pensions A gency direct to m ake the necessary arrangements:<br><div style="text-align: center; margin-top: 10px;">             The Scottish Public Pensions Agency<br/>             7 Tweedside Park, Galashiels TD1 3TE<br/>             :: (01896) 893071           </div>                                                                                                                                                                                                                                        |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Child:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I confirm my request for Parental Leave, and authorise the necessary deduction from my pay. I also confirm my request meets the requirements for Parental Leave as stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |   |   |   |   |   |   |            |   |       |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |   |   |   |   |   |   |            |   | Date: |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

Depute Chief Executive or nominated representative

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Line Manager to forward completed form **as soon as possible** to:  
Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF.

## SURROGACY LEAVE NOTIFICATION FORM

### TEACHERS

(Please PRINT)

|                      |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Name:                | Employee No: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
| Designation:         |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
| Place of Employment: |                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |

I wish to inform you that I intend taking a period of surrogacy leave

Date surrogacy leave to start: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|   |   |   |   |   |   |

(Please select ONE of the options outlined below by placing a ✓ in the appropriate box)

I intend to take my full entitlement to surrogacy leave of 52 weeks

I intend to take a period of surrogacy leave of less than 52 weeks

#### Pension

If you are taking a period of unpaid Surrogacy Leave and you wish to continue making pension contributions during this period, you must contact the Scottish Public Pensions Agency direct to make the necessary arrangements:

The Scottish Public Pensions Agency  
7 Tweedside Park, Galashiels TD1 3TE  
∴ (01896) 893071

Employee's signature:

Date:

You should complete and submit this form to your Head Teacher, **together with a copy of the 'MATB1' certificate**, not less than 28 weeks before you start your surrogacy leave.

When available, you should submit a copy of the parental order to your head teacher.

Head Teacher to return completed application and MATB1 **as soon as possible** to:  
Human Resources, Civic Centre, Howden South Road, Livingston EH54 6FF

***Statutory Paternity Pay/  
Paternity Leave***

The partner of an expectant mother is entitled to apply for Paternity Leave.  
The partner of an adopting parent is entitled to apply for Paternity Leave or Adoption Leave

To apply for Paternity Leave and Pay, you are required to complete TW O forms as follows:

- The council's application for Paternity Leave & Pay (see Appendix 7);
- One of the HM Revenue & Customs forms listed below. Please click on the appropriate link to access and download the form. Both fully completed forms should be returned to your line manager.

**Form SC3**

Becoming a Parent

<http://www.hmrc.gov.uk/forms/sc3.pdf>

**Form SC4**

Becoming an Adoptive Parent

<http://www.hmrc.gov.uk/forms/sc4.pdf>

**Form SC5**

Becoming an Adoptive Parent (adopting from abroad)

<http://www.hmrc.gov.uk/forms/sc5.pdf>

**YOU SHOULD BE AWARE THAT SPP CANNOT BE PAID WITHOUT A SIGNED DECLARATION**