**Form for an employee to self-certify their eligibility for ordinary paternity leave and pay**

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| **Name:** | **Start Date:** | |
| **Employee Number:** | **Department:** | |
| **Length of leave:**  I wish to take a period of one week’s paid paternity leave | | Please tick |
| I wish to take a period of two weeks’ paid paternity leave | |  |
| **Relevant dates:**  *[Select from the options below and delete as appropriate]*  Expected date of birth:  Actual date of birth:  *[OR]*  Date of match for adoption:  Date of placement: | | |
| Declaration:  I, the employee, confirm that I do not reasonably know of another person who is taking paternity leave in relation to this child and:  *[Select from the options below and delete as appropriate]*   * am the father of the child, or married to, or the partner of the child’s mother   *[OR]*   * am married to or the partner of the child’s adopter, or one of a couple jointly adopting a child and I am not taking statutory adoption leave * expect to have responsibility for the upbringing of the child. * have a minimum of 26 weeks’ service, calculated at the 15th week before the baby is due   *[OR]*   * have a minimum of 26 weeks’ service calculated at the week in which the child’s adopter was notified of having been matched with the child. * will give notice of my intention to take paternity leave at least 15 weeks before the baby is due   *[OR]*   * will give notice of my intention to take paternity leave no later than seven days after the date on which notification of the match with the child was given by the adoption agency (or 28 days in advance of the proposed start of leave in the case of overseas adoptions). * Confirm that the purpose of the leave will be to care for the child * Acknowledge that false information may result in disciplinary action being taken against me. I give my employer permission to verify the above information.   I certify that the above information supporting my application for paternity leave is true and accurate.  In line with current data protection obligations, I consent to my employer processing the information I have provided. | | |
| Employee signature: |  | |
| Date: |  | |

*For administrative use*

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| **Form received on:** |  |
| **Form received by:** |  |
| **Leave authorised by:** |  |
| **If declined, leave declined by:** |  |
| **Confirmation sent to employee on:** |  |
| **Manager signature:** |  |