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| **STATUTORY PARENTAL LEAVE FORM****(up to 26 weeks with the first 2 weeks being paid by the employer)** |
| ***In relation to a Pregnancy:*****Employees must complete this form no later than the end of the 15th week before childbirth.** |
| ***In relation to an Adoption:*****Employees must complete this form no later than 7 days after being matched with a child or, where relevant, receiving notification of the date the child will arrive in Jersey.** |
| 1. **Employee’s Name:** ………………………………………………………………………………………………….. |
| 2. **Expected Week of Birth/Placement Date/ Arrival in Jersey Date:** ………………………………………………  |
| 3. **You confirm the following:**I expect to have responsibility for raising the child**By ticking this box, I confirm that the above is correct:** * I am the father of the child; or
* I am married to, the civil partner of, or the partner of the child's mother/adopter.

**By ticking this box, I confirm that at least 1 of the above 2 bullet points is correct:**  |
| 4. **You may choose:** 26 consecutive weeks leave; or Blocks of leave of no less than 2 weeks leave; **Please tick one box to confirm how you want to take your parental leave** |
| 5. If you have chosen Option 1 (above) 26 weeks leave, please confirm the first date and the date you expect to return to work: …………………………………………………………………………..If you have chosen Option 2 (above) consecutive weeks leave, please confirm the first set of dates:…………………………………………………………………………..…………………………………………………………………………..…………………………………………………………………………..If the child is not born/adopted by your first date, you must substitute a different start date.I understand that if I wish to change this date I must give 28 days’ notice.I acknowledge that Parental leave must be taken within 52 weeks of the birth or adoption.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. **Contact during parental leave – KIT days:**I would like to be given the opportunity to attend any training or events following my 2 weeks paid parental leave without this bringing an end to my parental leave.  **YES NO** |
| **Employer:** **Signed: ……………………………………………………...** **Date: …………………………………………………**  |