

STATUTORY TWO WEEKS PARENTAL LEAVE FORM

In relation to a Pregnancy:

Employees must complete this form no later than the end of the 15th week before childbirth and provide a copy of the documentation issued by a medical professional.

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, and provide a copy of the notifying documentation.

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:

☐

If the child is not born/adopted by your first date, you must substitute a different start date.

4. You may choose:

Two separate weeks leave; or

☐

Two consecutive weeks leave;

☐

Please advise if you wish us to consider a variation on the above Yes/No

Please tick one box to confirm how you want to take your parental leave

5. If you have chosen two separate weeks leave, please confirm the first date of each week:

.....

If you have chosen two consecutive weeks leave, please confirm the first 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 8 weeks of the birth or adoption.

Employee:

Signed:

Date:

Employer:

Signed:

Date: