

Self-Certificate and Application for Parental Leave

PRIVATE AND CONFIDENTIAL WHEN COMPLETE

Surname or Family Name:		
First Name:		
Job Title:		
Faculty/Directorate:		
Date of application: <i>(must be at least 28 days before requested parental leave start date)</i>		
Child's name:		
Child's date of birth:		
Child's date of placement (if adopted):		
My child is under the age of 18	Yes/No	
I am the parent/prospective adoptive parent of the above-named child.	Yes/No	
Insert weeks parental leave with a previous employer		
I wish to take parental leave commencing	Insert Date	
I wish parental leave to end on	Insert Date	
Number of weekly blocks of parental leave requested OR My child is in receipt of disability benefit/payments/allowance. As a parent of a disabled child I wish to take parental leave in single days as follows		
Employee confirmation that form is accurate	Yes/No	Insert Date
Pro Vice Chancellor/Director Approval	Yes/No	Insert Date

When complete, submit for to the People Directorate (People Operations Officer for your area – see [HR Contacts](#)).

Actions for People Directorate: Input on Horizon, Notify Payroll, Copy to Personal File