

CONFIRMATION OF PATERNITY LEAVE

(where the expected date of childbirth is on or after 1 April 2013)

NAME: ««««««««««	DEPARTMENT: ««««««	« « « « « « «
EMPLOYEE NUMBER: « « « « « « «	FACULITY DIVISION. « « «	
Please indica te as appropriate: I enclose a copy of the MAT B1 certifica	ate	
I enclose a copy of the birth certificate		
I enclose a copy of the matching certific	ate (for adoption leave only)	
CONFIRMATION OF PATERNITY LEA	VE PERIOD	
Where the baby has already been born, actual date of birth.	, please give the date the baby	was due and the
The expected week of childbirth/adoptic	on placement is «««««««	
7KH DFWXDO GDWH RI	=«L«U«\/ x % «Z«D«\/« «« «« «« «« « «	« « « « « «
The dates of my paternity leave DILH		

The form should be returned to HR Operations within 1 week of taking Paternity Leave ±your Departmental Administrator or Lead HR Advisor should also be notified.