**PATERNITY LEAVE (BIRTH) AND PAY CLAIM FORM self-certificate (PL/2016)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employee Number (found on your payslip): |  |

|  |  |  |
| --- | --- | --- |
| Home address |  | |
| School/Academy |  | |
| Position |  | |
| Date commenced continuous employment with this employer | |  |
| Date commenced continuous employment (if different from above) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date baby is due or was born: |  | I would like to start my leave on: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I want to be away from work for (tick 1 box) | 1 week |  | 2 weeks |  |  |

**Complete either section 1 or 2 below**

**Section 1** - if you are able to tick **all 4 boxes** below, you can take 1 week’s leave (average pay) and choose to take one further week’s leave (Statutory Paternity Pay)

I declare that:

* I am: - the baby’s biological father, or

- married to the mother, or

- living with the mother in an enduring family relationship,

but am not an immediate relative

* I have or will have responsibility for the child’s upbringing
* I will take time off work to support the mother or care for the child
* I have been employed continuously for at least 26 weeks by the

15th week before the EWC.

***If you are unable to tick all 4 boxes, go to section 2 below***

**Section 2** - if you can tick either box, you are eligible for only 1 week’s leave (average pay).

* I am the mother’s partner or the child’s father, but did not have 26 weeks

continuous employment by the 15th week before the EWC.

* I am the nominated carer of the expectant mother

PTO

*If nominated carer, please explain your relationship with the mother and the reason for being the “primary provider” of support to the mother:*

|  |  |  |
| --- | --- | --- |
| I confirm that I will be taking the time off to care for the child, and the child's mother has started working again and any relevant pay has stopped.  I confirm that the child’s mother has been entitled to one or more of the following - Statutory Maternity Leave, Statutory Maternity Pay or Maternity Allowance.  I confirm that I have not or do not intend to take any Shared Parental Leave in respect of this birth.  In making this claim I agree that if for any reason the monies paid to me with respect to paternity pay are in excess of what is due to me under the terms and conditions of employment, I shall refund the excess tomy employer. | | |
| Signed |  | Date: |
| Daytime Telephone Number |  | |
| Work Location |  | |