**PATERNITY LEAVE (BIRTH) AND PAY CLAIM FORM self-certificate (PL/2022)**

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

|  |  |
| --- | --- |
| School/Academy |  |
| Home Address |  |
| Position |  |
| Date commenced continuous employment with the Employer |  |
| Date commenced continuous employment (if the Employer is 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 parent, or

- married to the biological parent, or

- living with the biological parent in an enduring family relationship,

but not an immediate relative (e.g. a nominated carer)

* I have or will have responsibility for the child’s upbringing
* I will take time off work to support the biological parent or care for the child
* I have been employed continuously by the Employer 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 biological parent’s partner or the child’s parent, but did not have

26 weeks continuous employment by the 15th week before the EWC.

* I am the nominated carer of the biological parent.

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

|  |  |  |
| --- | --- | --- |
| I confirm that the child’s biological parent 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, nor do I intend to take any Shared Parental Leave prior to taking Paternity 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 to~~.~~my employer. | | |
| Signed |  | Date: ……………………… |
| Daytime Telephone Number |  | |
| Work Location |  | |