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**Notification of intention to take Unpaid Parental Leave**

On completion please hand this form to your Headteacher/Line Manager giving at least 21 days’ notice.

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| **Personal details** |
| Preferred title…………………………  Full name………………………………………………………………………………………………………  Home Address…………………………………………………….…………………………………………  ………………………………………………………………Post Code ………………………  Home Telephone Number……………………………………………………………………………  National Insurance Number…………………………………………………………………………  Personnel Number……………………………………………………………………………………  School………………………………………………………… School Ref. No…………………………  Post Held………………………………………………………………………………………  Teaching staff Non-teaching staff |
| **Your dates for pay and leave** |
| Date of commencement of employment……………………………………………………  Amount of unpaid parental leave taken previously in respect of relevant child ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| I would like to apply for …… week(s)/day(s) unpaid parental leave  From ……………… to ……………  *(applications for unpaid parental leave in periods of a day or multiples thereof may be made only where the child in question is disabled)*  The leave requested relates to my baby/child who is due on ……………  or who was born on ……………………  I attach a copy of the relevant birth certificate/adoption papers  *(for the first application for unpaid parental leave only)* |
| **Declaration** |
| I recognise that the school is entitled to make enquiries of all or any of my previous employers in relation to any previous periods of unpaid parental leave taken.  I also recognise that the school may postpone the period of leave requested by up to six months (unless the leave requested coincides with the expected week of my child's birth or adoption) where the business would otherwise be unduly disrupted by my absence.  The information provided in this application is true and accurate  Signed ……………………………………………………… Date ……………………………….... |
| **Authorisation** |
| I have checked the above information  Signed …………………………………………………….. Date ………………………………......  *Headteacher/Line Manager* |

Once signed by both parties, please pass to the school office for sending to the payroll provider for processing