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**Notification of intention to take paternity leave**

On completion please hand this form to your Headteacher/Line Manager no later than 15 weeks before the Expected Date of Confinement (EDC), unless this is not practicable.

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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** |
| Expected date of childbirth/Date of placement……………………………………………………  Date you would like paternity pay and leave to commence …………………………………  I’d like to be away from work for one week  two weeks |

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| *You must be able to tick all boxes to get paternity leave and pay.*  I am *either* the father, husband or partner of the mother (or adopter), child’s adopter or intended parent (if having a baby through a surrogacy arrangement)  I have responsibility for the child’s upbringing  I am taking time off work to look after the child or my partner  *Teachers only*  I have been continuously employed with the Agora Learning Partnership for 26 weeks or more. |

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| **Declaration** |
| The information provided in this application is true and accurate  Signed ……………………………………………………… Date ……………………………….... |
| **Authorisation** |
| I have checked and authorise the above information  Signed …………………………………………………….. Date ………………………………......  *Headteacher/Line Manager* |

Once signed by both parties, please hand to the school office to send to the payroll provider for processing.