**NOTIFICATION FORM**

**Employee Notification of Paternity / Maternity support leave and pay**

**Local Government Services Employees**

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| **Name: ……………………………………… Department: ………………………………...**  **Home Address: …………………………… Occupation: .…………………………………**  **………………………………………………… Personal Number: ..…………………….…….**  **………………………………………………… NI Number: ……….…………………………**  **……………………………………………… Hours Worked: ……………………………..**  **Date continuous service commenced:**   * **with local government: …………………………** * **with Cumbria County Council: ………………..** | |
| **Paternity / Maternity support leave and pay**  Expected Date of Childbirth: ………………Actual Date of Childbirth:…...….…………...…  (If the child has already been born)  I wish to start my leave on (Please tick as appropriate):  The date the child is born 🞏 … days after the child is born 🞏 on the following date ..…/..…/…..🞏  (insert No. of days) (insert date)  I do not qualify for Paternity leave. I wish to take 1 Weeks Leave (maternity support leave) 🞏  **OR**  I qualify for both Maternity support leave and paternity leave. I wish to take (please tick as appropriate):  1 Weeks Leave (maternity support leave) 🞏 2 Weeks Leave (1 Week MSL + 1 Week paternity leave) 🞏 | |
| **Employee Declaration** (Please tick as appropriate)  I confirm that:  For Maternity support leave:  • I attach written notification from the child’s mother, confirming that I am the ‘Nominated Carer’ 🞏  • I attach a copy of Certificate MATB1 which states the Expected Date of Childbirth 🞏  For Paternity Leave:  • I am the baby’s biological father **OR** I am married to the baby’s mother **OR** 🞏  I am living with the mother in an enduring family relationship and am not an immediate relative  • I have responsibility for the child’s upbringing 🞏  • I will be taking the time off work to support the mother and/or care for the child 🞏  Signed: ………………………………………………… Date: …………………………………….  (Applicant) | |
| I have checked and noted the information provided:  Signed: ………………………………………….  Date: ……………………………………………  **(Chief Officer/or nominated Manager)** | For Office use only  Signed: ..………………………………………  Date: ………………………………………… |
| Received in Payroll: Date: ……………………………… Initials: ……………………… | |

On completion, this form should be sent to Cumbria County Council, Service Centre, Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle CA6 4SJ.