**Parental Leave form**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** |  | **N.I. No.** |  |
| **CHRISTIAN NAMES** |  | **Date of Birth** |  |
|  | **UNIQUE ID** |  |
| **DIOCESE** |  |

|  |  |  |
| --- | --- | --- |
| **Tick as appropriate** | **Leave Start Date (required)** | **Return to Work Date (if provided)** |
|  |  |  |
| Paternity Birth [ ] or Adoption [ ] Maternity [ ] Adoption [ ] Shared [ ] Parental L.  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **DUE DATE** |  |

**Please tick appropriate form provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MAT B1** |  | **Matching Certificate** |  |
| **SC3** |  | **SC4** |  |
| **Other (please specify)** |  |

**DIOCESAN PARENTAL POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please fill in as appropriate**  | **Full pay** |  | **Statutory payment only** |  |
| **Number of weeks** |  |  |

**MATERNITY/ADOPTION LEAVE – ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is payee taking unpaid leave?** | **Yes** |  | **No** |  |
| **How long is unpaid leave for?** |  |
| **Start date of unpaid leave (if applicable)** |

**OTHER INFORMATION**

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AUTHORISED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DBF Secretary / Cathedral Administrator / CC

**Please send this form to clergyabsences@liverpool.anglican.org**