**Form PARL 1: Notice of intention to take unpaid Ordinary Parental Leave**

**To be completed by employee and given to Line Manager for approval.**

(see Ordinary Parental Leave Policy for details)

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| --- | --- | --- | --- |
| **Your Details** | | | |
| Surname: |  | | |
| First name(s): |  | | |
| Post title: |  | | |
| Organisational Unit: |  | | |
| Contact phone number: |  | | |
| Employee number (on payslip): |  | | |
| **Dates for Leave** | | | |
| Date the child was born/ placed for adoption/or date that you became legally responsible for the child: | |  | |
| Does the child receive disability living allowance: | | Yes/ No | |
| Amount of parental leave already taken in respect of this child (including leave obtained from previous employers): | |  | |
| Name of child that request is made in respect of: | |  | |
| Dates of and amounts of parental leave requested in this application: | |  | |
| **Declaration** | | | |
| You must be able to tick both boxes to get parental leave entitlement: | | | I declare that:   * I have responsibility for the child’s upbringing * I will take time off work to care for the child |
| Signature: | | | Date: |
| **To be completed by Line Manager and sent to People & OD Operations to amend pay** | | | |
| Unpaid leave approved for – dates: | | |  |
| Manager Name: | | |  |
| Manager Signature: | | | Date: |