

## Parental Leave Act 1998

### Part A: Notice to Employer of Intention to take Parental Leave

This form must be completed by the employee concerned not later than 6 weeks before the commencement of the leave, under Section 8(1) of the Act.

The employer may request evidence in relation to the date of birth of the child, parentage or an adoption order, under Section 8(6)(a)(b).

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commencement Date of Employment: (    /    /    )  
(Day/Month/Year)

Department: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Proposed Date of Commencement of Parental Leave: (    /    /    )  
(Day/Month/Year)

Proposed Duration of Parental Leave: \_\_\_\_\_ weeks/days/hours

Manner in which to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Date of Return to Work: (    /    /    )  
(Day/Month/Year)

Name of Child: \_\_\_\_\_

Date of Birth of Child: (    /    /    )  
Please attach a copy of the Birth Certificate/Adoption Order. (Day/Month/Year)

An employee is entitled to a maximum of 14 weeks unpaid parental leave in any one year, unless otherwise agreed with the employer. Parental leave is granted solely for the purpose of taking care of the above named child. This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to disciplinary action up to and including dismissal.

I declare that the information given above is accurate and complete.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

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**Part B: Confirmation of Parental Leave**

To be completed by the Employer not later than 4 weeks before the commencement of the parental leave concerned, under Section 9(1) of the Act.

Name of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PPS Number: \_\_\_\_\_

Approved Date of Commencement of Parental Leave: (    /    /    )  
(Day/Month/Year)

Duration of Parental Leave: \_\_\_\_\_ weeks/days/hours

Manner in which to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Return to Work: (    /    /    )  
(Day/Month/Year)

Signature of Employer/Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

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### Part C: Postponement By Employer

To be completed by the Employer not later than 4 weeks before the commencement of the parental leave concerned, under Section 9(1) of the Act.

The postponement may be for a period not exceeding 6 months, to a date agreed on by the employer and the employee.

Name of Employee:

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Address of Employee:

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PPS Number:

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Grounds for Postponement:

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Signature of Employer/Manager:

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Date:

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Reviewed Date of Commencement of Parental Leave:

(    /    /    )

(Day/Month/Year)

Duration of Parental Leave:

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weeks/days/hours

Manner in which to be taken:

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Reviewed Date of Return to Work:

(    /    /    )

(Day/Month/Year)

Signature of Employee:

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Date:

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