**PARENTAL LEAVE REQUEST FORM**

**Personal details (Please use block capitals)**

**Full Name …...………………………………………………………………………………..……...…....**

***Employee Number………………… National Insurance Number……….…………***

***Job Title……………………………………………..… Start Date………………………***

**I declare that:**

* I have one year’s continuous service with Scottish Borders Council as an employee or elected member.
* I am the parent (named on the birth certificate) of a child under 18 years old/or
* I am the parent of an adopted child under the age of 18; or
* I have formal parental responsibility for a child who is under 18 years old.

Signature: …………………………………………….. Date: ………………………

Parental Leave Dates requested: ………………………………………

(18 weeks in total can be taken up to the child’s 18th birthday)

**NOW PASS THIS APPLICATION TO YOUR LINE MANAGER/ THE CLERK TO THE COUNCIL FOR APPROVAL**

**Approved: Yes/No** (please delete as necessary)

Signed (*Line Manager)*……………………………………....

Date………………………………………….…

Name (*Please print*)…………………………………………..

Position…………………………..……………..

*If approved I confirm that I will advise the Payroll Section immediately.*

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| **Please ensure a copy of this completed form is sent immediately to the**  **E-mail: payroll.salaries@scotborders.gov.uk** |