Please refer to the [Family Leave Policy](https://www.falkirk.gov.uk/employees/policies/family-leave.aspx) and discuss with your manager before completing this form. **This form should be returned to** **hrhelpdesk@falkirk.gov.uk**

There are 2 options:

* 1 week maternity support leave - If you only wish to take 1 week Maternity/Adoption support leave, you should request this on MyView as Paid Special Leave – Maternity Support Leave. This can be taken between the 11th week before the EWC and 52 weeks after the birth/placement.   The leave may be taken as half working days, full working days or block periods as appropriate. **You do not need to complete this form**.
* 2 weeks – 1 week paternity leave and 1 week maternity support leave. Please complete this form for your paternity leave and request your Maternity/Adoption Support leave on MyView as Paid Special leave – Maternity Support Leave.

Please note:

* Paternity Leave is taken as a one week block
* Paternity Leave can be taken **any time within the first 52 weeks** of your child’s birth/placement.
* You need to give **4 weeks notice** before taking Paternity Leave or Maternity Support Leave.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Employee Number: |  |
| Contact Number  |  | Personal Email |  |
| Job Title |  | Manager’s Name & Work Location: |  |

* I attach a copy of the mother’s MATB1 form/matching certificate

|  |  |
| --- | --- |
| Date you wish to start your Maternity Support Leave  |  |
| Date you wish to start your Paternity Leave: |  |

You can change the date on which your leave starts by giving 4 weeks notice in writing where this is practical. Please notify Payroll with the actual date of birth in order that the appropriate salary deductions can be made. The Paternity leave week will be recorded by HR & Payroll.

I confirm that I:

* Wish to take one week Maternity Support Leave and one week Paternity Leave )
* have worked continuously for Falkirk Council (or have continuous local authority service) for 41 weeks during the week the baby is due/date of placement.
* I will take time off work to support the mother or care for the child
* Have or expect to have responsibility for the child’s upbringing and
* Am the child’s father or the mother’s partner (including civil partner)

Signature: Date:

**Application Line Manager approved by:**

Name (print):

Signature:

Date: