

## PATERNITY/MATERNITY SUPPORT LEAVE NOTIFICATION FORM

## Employee Notification of Paternity / Maternity support leave and pay Local Government Services Employees

Name:	Department:
Home Address:	Occupation:
	Personal Number:
	NI Number:
	Hours Worked:
Date continuous service commenced:	
• with local government:	
• with Cumbria County Council:	
Paternity / Maternity support leave and pay	
Expected Date of Childbirth:	Actual Date of Childbirth:(If the child has already been born)
I wish to start my leave on (Please tick as appropriate):	
The date the child is born days after the (insert No. of days)	child is born on the following date//
I do not qualify for Paternity leave. I wish to take 1 Weeks Leave (maternity support leave)	
	OR
I qualify for both Maternity support leave and paternity le	eave. I wish to take (please tick as appropriate):
1 Weeks Leave (maternity support leave)	2 Weeks Leave (1 Week MSL + 1 Week paternity leave)
Employee Declaration (Please tick as appropriate)	
I confirm that:	
For Maternity support leave:  • Lattach written notification from the child's mot	ther, confirming that I am the 'Nominated Carer'
I attach a copy of Certificate MATB1 which state	
For Paternity Leave:	
<ul> <li>I am the baby's biological father <b>OR</b> I am mar</li> </ul>	ried to the baby's mother <b>OR</b>
I am living with the mother in an enduring famil	ly relationship and am not an immediate relative
• I have responsibility for the child's upbringing	
I will be taking the time off work to support the	mother and/or care for the child
Signed:	
(Applicant)	Date
Line Manager	For Office use only
I have checked and noted the information provided:	Signed:
Signed:	Date:
Date:	Date:
Received in Payroll: Date:	
Received III I ayron. Date	muais

On completion, this form should submitted on the HR Admin Portal or sent to:

HR Admin and Payroll Team, Cumberland Council, The Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle CA6 4SJ.