

## PARENTAL LEAVE FORM

SURNAME  N.I. No.

CHRISTIAN NAMES  Date of birth

UNIQUE ID

DIOCESE

Tick as appropriate	Leave Start Date (required)	Return to Work Date (if provided)
Paternity Birth <input type="checkbox"/> or Adoption <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Maternity <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adoption <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Shared Parental L. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

DUE DATE

Please tick appropriate form provided

MATB1       Matching Cert   
 SC3                       SC4   
 Other (please specify)

**DIOCESAN PARENTAL POLICY**

Please fill as appropriate

Full pay       Statutory payment only   
 Number of weeks

**MATERNITY / ADOPTION LEAVE - ONLY**

Is payee taking unpaid leave?                      Yes                       No

How long is unpaid leave for?

Start date of unpaid leave (if applicable)

**OTHER INFORMATION**


AUTHORISED \_\_\_\_\_ Date \_\_\_\_\_  
 DBF Secretary / Cathedral Administrator / CC