

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Maternity <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Adoption <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Shared Parental L. <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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

<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

AUTHORISED _____ Date _____

DBF Secretary / Cathedral Administrator / CC