

This form **must be submitted together with correct certificate when received, at the latest 28 days before start of leave, otherwise we cannot claim the NI recovery.**

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"/>		
Maternity <input type="checkbox"/>		
Adoption <input type="checkbox"/>		
Shared Parental L. <input type="checkbox"/>		

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

Christian Names & Surname
Please include all names, especially important for common surnames

Type of Parental Leaver
Please tick appropriate the kind of parental leave is to be processed

Due/ Matching Date
Please state when the baby is due or the matching date

Diocesan Parental Policy
Please confirm DBF pay policy.
If full pay—enter number of weeks of full pay

NI Number
Should be two letters, six numbers and a letter.

Date of birth
It helps to ensure we have the correct person

Unique Reference Number
This is the five digit number found on your monthly stipends report.

Other (please specify)
Please include any correspondence sent by the payee.

Please complete this section only for maternity / adoption leave cases

Other information
Please provide any other information related with the parental leave .

If form is provided late, please state ***clear instructions about how stipend should be treated***