



Washwood Heath
Multi Academy Trust

Family Friendly Toolkit (Employees)

Prepared by:	Director of HR in consultation with Employee Relations Manager
For use by:	WHMAT workers (including managers, employees, governors, trustees, etc.)
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Toolkit Disclaimer

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PREGNANCY AND MATERNITY LEAVE

1. Letter from employee to inform Manager of pregnancy

Date

Address

Dear *(Line Manager)*

I am writing to inform you that I am pregnant and my baby is due on *(date)*. I will advise you of my medical appointments when they are known and provide you with my MATB1 certificate when it has been issued to me.

Yours sincerely

Name

2. Example Mat B1 – SEE APPENDIX 1

3. Request to attend an ante-natal appointment

Date

Address

Dear *(Head of Academy)*

I am writing to request time off to attend an ante-natal appointment on *(date)* at *(time)*. Please find attached a copy of my appointment card.

I look forward to hearing from you.

Yours sincerely

Name

c.c. Cover Manager in Base Academy

4. Form for an employee to request maternity leave



Insert Academy Letterhead

Name of employee:	
Department/Faculty/Team:	
Role:	
Date of commencement of employment:	
I wish to inform you that I am pregnant and I intend to take maternity leave as follows:	
My last day of work will be on:	
I will start my maternity leave on:	
My expected date of childbirth is:	
I enclose my MAT B1/medical certificate issued by my doctor/midwife/recognised medical practitioner confirming when my baby is due.	
<p>I believe that I am entitled to statutory maternity pay.*</p> <p>I intend to return to work after my maternity leave.*</p> <p>I do not intend to return to work after my maternity leave and I therefore confirm that I wish to resign from my employment with the organisation and leave on the last day prior to the commencement of my maternity leave.*</p> <p>(*delete as appropriate)</p>	

Signed:	
Dated:	
<p>To qualify for maternity leave, you must return this form to [name] by no later than the end of the 15th week prior to your expected week of childbirth.</p> <p>Your maternity leave cannot begin prior to the eleventh week before your expected week of childbirth.</p>	

5. Form for employee to vary the start of their maternity leave



Insert Academy Letterhead

Name of employee:	
Date of commencement of employment:	
I previously notified you that I wished to start my maternity leave [and pay] on:	
I now wish to vary this date. Instead of starting my maternity leave [and pay] on the above date, I would like to start my leave on:	
My expected date of childbirth is:	
Signed:	
Dated:	
<p>If you have applied to bring forward your maternity leave [and pay] start date, please return to [name] at least 28 days prior to the new date (where possible) on which you wish your maternity leave to commence.</p> <p>If you have applied to postpone your maternity leave [and pay] start date, please return to [name] at least 28 days before your original proposed start date (where possible).</p>	

6. Form for an employee to notify the employer of an early birth where her maternity leave has been triggered by the birth



Insert Academy Letterhead

Name of employee	
Job title	
I wish to inform you that I have given birth.	
My maternity leave was due to start on	
My baby was born on	
Signed	
Dated	
Notice should be given as soon as reasonably practicable after the birth. Maternity leave and statutory maternity pay will start on the day after the day on which the baby was born.	

7. Employee notification that she wishes to return to work early from maternity leave

Date

Address

Dear []

I am writing to advise you that, although I was due to return to work on *(date)*, I would now like to return to work after my maternity leave on *[date]*.

I can confirm that I have given you 8 weeks' notice of my new return date *OR*

I have not been able to provide 8 weeks' notice of my new return date but would be grateful if you could consider whether this is possible.

I look forward to hearing from you.

Yours sincerely

[]

8. Request from employee to request a Keeping in touch day

Date

Address

Dear *(Head of Academy)*

I am writing to request permission to attend a keeping in touch day on *(date/s)*. I would be grateful if you could confirm that this is acceptable.

I look forward to hearing from you.

Yours sincerely

Name

PATERNITY LEAVE

9. Request to accompany to an ante-natal appointment

Date

Address

Dear *(Head of Academy)*

I am writing to request time off to accompany my partner at an antenatal appointment on (*date*) at (*time*). I can confirm that:

I am the child's *father/expectant spouse/civil partner or partner (delete as applicable)*

The appointment has been made on the advice of a *registered doctor/registered nurse or midwife (delete as applicable)*

I look forward to hearing from you.

Yours sincerely

Name

10. Form requesting paternity leave

Name of employee:	
Department/faculty/team & base academy:	
Expected week of child's birth (the Sunday at the beginning of the week in which the child is expected to be born):	
Actual date of child's birth (if applicable):	
I hereby give notice of my intention to take [one week's/two consecutive weeks'] paternity leave starting:	Please tick as appropriate:
on the date on which the child is born OR	
[] days after the child is born OR	
on [] (a date later than the first day of the child's expected week of birth)	
I declare that:	Please tick as appropriate:
I am the child's biological father OR	
I am married to the child's mother OR	
I am the civil partner of the child's mother OR	
I am the cohabiting partner of the child's mother	
AND	
I will have responsibility for the child's upbringing	
AND	

I will be absent from work for the purpose of caring for the child or supporting the child's mother		
Signed:		Date:

11. Letter requesting paternity leave for adoption

Name of employee:	
Job title:	
Department/ team/faculty & base academy:	
Date on which adopter was notified of match with child:	
Date on which child is expected to be placed with adopter:	
Actual date of placement for adoption (if applicable):	
I hereby give notice of my intention to take [one week's/two consecutive weeks'] [paid/unpaid] paternity leave starting:	Please tick as appropriate:
on the date on which the child is placed for adoption OR	
[] days after the child is placed for adoption OR	
on [] (a date later than the date the child is expected to be placed for adoption)	
I declare that:	Please tick as appropriate:
I am jointly adopting the child with my partner/spouse/civil partner OR	
I am married to the child's adopter OR	
I am the civil partner of the child's adopter OR	
I am the cohabiting partner of the child's adopter	

AND	
I will have responsibility for the child's upbringing	
AND	
I will be absent from work for the purpose of caring for the child or supporting my partner	
AND	
I have elected to receive statutory paternity leave and pay, and not statutory adoption leave and pay, in respect of the child	
Signed:	Date:

SHARED PARENTAL LEAVE

12. Form for a mother to curtail her maternity leave to take shared parental leave



Shared parental leave: maternity leave curtailment notice	
Name of employee:	
Job title:	
<p>I wish to bring my [ordinary/additional] maternity leave [and statutory maternity pay] to an end to be able to take shared parental leave. I have also completed a [form providing a notice of entitlement and intention to take shared parental leave/declaration that my partner has provided a notice of entitlement and intention to take shared parental leave to his/her employer and that I consent to the amount of leave that he/she intends to take].</p>	
I wish to end my [ordinary/additional] maternity leave on:	
I wish my statutory maternity pay period (if applicable) to end on:	
Signed:	
Dated:	
<p>Notes</p> <p>You should complete and submit this form alongside WHMAT's Form for a mother to provide a notice of entitlement and intention to take shared parental leave or Form for a mother to provide a declaration of consent and entitlement for her partner to take shared parental leave.</p> <p>Please think very carefully before you submit this form. Once the form is submitted, you can withdraw your maternity leave curtailment notice only in limited circumstances.</p> <p>The date on which you end your maternity leave must be at least:</p> <ul style="list-style-type: none">• eight weeks after the date on which you provide this notice to WHMAT;• two weeks [or four weeks for factory workers] after you give birth; and	

- one week before what would have been the end of your additional maternity leave.

13. Form for a mother to provide a declaration of consent and entitlement for her partner to take shared parental leave



Shared parental leave: mother's declaration of consent and entitlement for partner to take leave	
Name of employee:	
Job title:	
My partner has given his/her employer a notice of entitlement and intention to take shared parental leave and I consent to the amount of shared parental leave that he/she intends to take.	
Signed:	
Dated:	
Notes This notice should be submitted if you are not planning to take any shared parental leave, but you are curtailing your maternity leave to allow your partner to take shared parental leave. If you change your mind and wish to take shared parental leave, you must submit WHMAT's Form for a mother to provide a notice of entitlement and intention to take shared parental leave at least eight weeks before the first period of shared parental leave in that notice that you intend to take.	

14. Form for a mother to provide a notice of entitlement and intention to take shared parental leave



Shared parental leave: notice of entitlement and intention (mother)	
Name of employee:	
Job title:	
I wish to provide WHMAT with an initial indication of my proposed shared parental leave, as well as the required declarations from myself and my partner.	
Section A: information to be provided by employee	
My partner's name is:	
My maternity leave [started/is expected to start] on:	
My maternity leave [ended/is expected to end] on:	
My [child's expected week of birth is/child was born on]:	
The total amount of shared parental leave my partner and I have available is:	
I intend to take the following number of weeks' shared parental leave:	
My partner intends to take the following number of weeks' shared parental leave:	

<p>I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take):</p>	
<p>The total amount of shared parental pay (if applicable) my partner and I have available is:</p>	
<p>I intend to take the following number of weeks' shared parental pay (if applicable):</p>	
<p>My partner intends to take the following number of weeks' shared parental pay (if applicable):</p>	
<p>I intend to take shared parental pay on the following dates (if applicable):</p>	
<p>Section B: declaration to be completed by employee</p>	
<p>I [satisfy/will satisfy] the following eligibility requirements to take shared parental leave:</p>	
<p>I [have/will have] 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of shared parental leave that I take, I will have remained in continuous employment with WHMAT</p>	
<p>At the date of the child's birth, I [have/will have] the main responsibility, apart from my partner, for the care of the child</p>	
<p>I am entitled to statutory maternity leave in respect of the child</p>	
<p>I have [complied with WHMAT's maternity leave curtailment requirements/returned to work before the end of my statutory maternity leave</p>	

period], and will comply with WHMAT's shared parental leave notice and evidence requirements	
The information that I have provided is accurate	
I will immediately inform WHMAT if I cease to care for the child	
Section C: declaration to be completed by employee's partner	
My name is:	
My address is:	
[My national insurance number is/I do not have a national insurance number]:	
I [satisfy/will satisfy] the following eligibility requirements to enable the mother to take shared parental leave:	
I have been employed or been a self-employed earner in at least 26 of the 66 weeks immediately preceding the expected week of childbirth	
I have average weekly earnings of at least £30 for any 13 of those 66 weeks	
At the date of the child's birth, I [have/will have] the main responsibility, apart from the mother, for the care of the child	
I am the father of the child, or am married to, the civil partner of, or the partner of, the	

mother	
I consent to the amount of shared parental leave that the mother intends to take	
I consent to WHMAT processing the information provided in this form	
Section D: signatures	
Signed (mother):	
Dated (mother):	
Signed (partner):	
Dated (partner):	
<p>Notes</p> <p>The start date of the first period of shared parental leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.</p> <p>This notice is to allow WHMAT to check that you are entitled to shared parental leave and to provide WHMAT with an initial indication of the shared parental leave pattern that you wish to take. The notice is not binding and you must give WHMAT a period of leave notice at least eight weeks before the first period of shared parental leave in that notice that you wish to take. Any periods of shared parental leave that you indicate in this notice can be changed at a later date by giving the WHMAT a variation notice.</p>	

15. Form for a mother to revoke the notice curtailing her maternity leave to take shared parental leave



Washwood Heath
Multi Academy Trust

Insert Academy Letterhead

Shared parental leave: revocation of maternity leave curtailment notice	
Name of employee:	
Job title:	
Date of maternity leave curtailment notice:	
I previously notified you that I wished to end my maternity leave on:	
I no longer wish to end my maternity leave and would like to revoke my maternity leave curtailment notice. [I would also like to revoke my maternity pay period curtailment notice.]	
Signed:	
Dated:	
<p>Notes</p> <p>You can withdraw your maternity leave curtailment notice only if:</p> <ul style="list-style-type: none"> • it is discovered that neither you nor your partner are entitled to shared parental leave or statutory shared parental pay and you withdraw your maternity leave curtailment notice within eight weeks of providing your maternity leave curtailment notice; • you gave the maternity leave curtailment notice before the birth of your child and you withdraw your maternity leave curtailment notice within six weeks of your child's birth; or • your partner has died (if this is the case, please state the date of death here: []). 	

16. Form for an employee to provide a period of leave notice to take shared parental leave



Insert Academy Letterhead

Shared parental leave: period of leave notice	
Name of employee:	
Job title:	
I wish to take the following period(s) of shared parental leave. Please complete either section A or section B.	
Section A: please fill out if your child has already been born or if you know the exact dates on which you would like to take shared parental leave.	
I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take):	
Section B: please fill out if your child has not been born yet and you wish your shared parental leave to start either on the day on which your child is born, or a specified number of days after the day on which your child is born.	
I wish my shared parental leave to start [on the day on which my child is born/the following number of days after the date on which my child is born]:	
I wish my shared parental leave to end the following number of days after the date on which my child is born:	
Signed:	
Dated:	
Notes	
You can request to take shared parental leave in one continuous block (in which case WHMAT is	

required to accept the request as long as you meet the eligibility and notice requirements), or as a number of discontinuous blocks of leave (in which case you need WHMAT's agreement). A maximum of three requests for leave per pregnancy can normally be made by each parent.

The start date of the first period of shared parental leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.

This notice is to confirm to WHMAT the shared parental leave that you intend to take. You must have already submitted a notice of entitlement and intention before using this form.

WHMAT recognises that employees' plans can change. However, it is recommended that you and your partner think carefully about your shared parental leave before submitting this form, as opportunities to amend requests for shared parental leave are limited. Apart from exceptional circumstances, you can submit a period of leave notice or a notice that you have changed your mind about shared parental leave dates on a combined total of just three occasions.

You and your partner must take any shared parental leave within 52 weeks of the birth of your child.

17. Form for a partner to provide a notice of entitlement and intention to take shared parental leave



Insert Academy Letterhead

Shared parental leave: notice of entitlement and intention (partner)	
Name of employee:	
Job title:	
I wish to provide WHMAT with an initial indication of my proposed shared parental leave, as well as the required declarations from myself and the mother.	
Section A: information to be provided by employee	
The mother's name is:	
The mother's maternity leave [started/is expected to start] on:	
The mother's maternity leave [ended/is expected to end] on:	
The mother [received/is expected to receive] the following periods of [statutory maternity pay/maternity allowance]:	
My [child's expected week of birth is/child was born on]:	
The total amount of shared parental leave the mother and I have available is:	
I intend to take the following number of weeks' shared parental leave:	
The mother intends to take the following number of weeks' shared parental leave:	

<p>I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take):</p>	
<p>The total amount of shared parental pay (if applicable) the mother and I have available is:</p>	
<p>I intend to take the following number of weeks' shared parental pay (if applicable):</p>	
<p>The mother intends to take the following number of weeks' shared parental pay (if applicable):</p>	
<p>I intend to take shared parental pay on the following dates (if applicable):</p>	
<p>Section B: declaration to be completed by employee</p>	
<p>I declare that I [satisfy/will satisfy] the following eligibility requirements to take shared parental leave:</p>	
<p>I [have/will have] 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of shared parental leave that I take, I will have remained in continuous employment with WHMAT</p>	
<p>At the date of the child's birth, I [have/will have] the main responsibility, apart from the mother, for the care of the child</p>	
<p>I will comply with WHMAT's shared parental leave notice and evidence requirements</p>	
<p>The information that I have provided is</p>	

accurate	
I am the father of the child, or am married to, the civil partner of, or the partner of, the mother	
I will immediately inform WHMAT if I cease to care for the child or if the child's mother informs me that she has revoked the curtailment of her maternity leave or pay period	
Section C: declaration to be completed by the mother	
My name is:	
My address is:	
[My national insurance number is/I do not have a national insurance number]:	
I [satisfy/will satisfy] the following eligibility requirements to enable my partner to take shared parental leave:	
I have been employed or been a self-employed earner during at least 26 of the 66 weeks immediately preceding the expected week of childbirth	
I have average weekly earnings of at least £30 for any 13 of those 66 weeks	
At the date of the child's birth, I [have/will have] the main responsibility, apart from my partner, for the care of the child	
I am entitled to statutory maternity leave, statutory maternity pay or maternity allowance	

in respect of the child	
I have [curtailed my maternity leave/returned to work before the end of my statutory maternity leave period]	
I consent to the amount of shared parental leave that my partner intends to take	
I will immediately inform my partner if I no longer meet the requirements to curtail my maternity leave (and pay, if applicable)	
I consent to WHMAT processing the information provided in this form	
Section D: signatures	
Signed (partner):	
Dated (partner):	
Signed (mother):	
Dated (mother):	
<p>Notes</p> <p>The start date of the first period of shared parental leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.</p> <p>This notice is to allow WHMAT to check that you are entitled to shared parental leave and to provide WHMAT with an initial indication of the shared parental leave pattern that you wish to take. The notice is not binding and you must give WHMAT a period of leave notice at least eight weeks before the first period of shared parental leave in that notice that you wish to take. Any periods of shared parental leave that you indicate in this notice can be changed at a later date by giving WHMAT a variation notice.</p>	

ADOPTION

18. Notice and evidence of adoption

Date

Address

Dear *(Head of Academy)*

I am writing to inform you that I am planning to adopt a child on *(date)*. I will advise you of any adoption appointments as they are known. Please see enclosed proof of the adoption process from the adoption agency *(if applicable)*.

Yours sincerely

Name

19. Declaration form for an adopter who has requested time off to attend adoption appointments



Insert Academy Letterhead

Time off to attend an adoption appointments

Individual's name:	
Individual's department:	
<p>Please choose one option below, depending on whether you have elected to take paid time off to attend up to five adoption appointments, or unpaid time off to attend up to two adoption appointments. If you are adopting alone, you should choose option one. If you are adopting jointly with another person, you should decide together who will take paid time off and who will take unpaid time off. If your partner has already chosen option 1 with his/her employer, you must choose option 2.</p>	
Declaration (please tick one option only)	
Option 1: I have elected to take paid time off to attend an adoption appointment in accordance with s.57ZJ(2)(b) of the Employment Rights Act 1996	
Option 2: I have elected to take unpaid time off to attend an adoption appointment in accordance with s.57ZL(1)(b) of the Employment Rights Act 1996	
Signature	
Signed:	
Dated:	

20. Form for notification of an employee's intention to take adoption leave (and pay) (adoption within the UK)



Insert Academy Letterhead

Name of employee:			
Department:			
I hereby give notice of my intention to take statutory adoption leave in respect of a child who has been matched with me for adoption			
I expect the child to be placed with me for adoption on:			
I intend my adoption leave to begin:		Please tick as appropriate:	
on the date on which the child is placed with me for adoption OR			
on [date] (a date no more than 14 days before the child is expected to be placed for adoption, and no later than the expected placement date)			
I declare that:		Please tick if appropriate:	
I believe that I am entitled to receive statutory adoption pay in relation to the adoption, starting on the above date, and have elected to receive statutory adoption pay and not statutory paternity pay			
Signed:		Date:	
Please complete and return to [name] no later than seven days after the notification of the adoptive match was given to you by the adoption agency and at least 28 days before you wish any payment of statutory adoption pay to begin (or as soon as possible where this is not reasonably practicable)			

21. Form for an employee to request to vary the start date of adoption leave



Insert Academy Letterhead

Name of employee:	
Department:	

I previously gave notice of my intention to take adoption leave/and pay¹ in respect of a child who has been matched with me for adoption starting:		Please tick as appropriate:	
on the date on which the child is placed with me for adoption (adoptions within the UK) OR			
on the date on which the child enters Great Britain (adoptions from overseas) OR			
on [date]			
I wish to notify you that I now want to vary the start date of my adoption leave/and pay¹. I now wish to start my adoption leave/and pay¹:		Please tick as appropriate:	
on the date on which the child is placed with me for adoption OR			
on the date on which the child enters Great Britain (adoptions from overseas) OR			
on [date]			
I expect the child to be placed with me for adoption/enter Great Britain² on:			
Signed:		Date:	
<p>Please return to [] at least 28 days (where possible) prior to the date on which you now wish to start your adoption leave/pay.</p> <p>¹Delete where appropriate.</p> <p>²For adoptions within the UK, a date that can be up to 14 days before the expected date of placement, but no later than the expected placement date; for adoptions from overseas, the date</p>			

the child enters Great Britain or from a predetermined date that is no later than 28 days after this date.

22. Form for an employee to provide notice that adoption leave has been disrupted



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Insert Academy Letterhead

Disruption of adoption leave	
Name of employee:	
Department:	

[Name of child] has (please tick one):	
died (to be filled in by employer)	
not been placed with [name of employee] after all	
been returned to the adoption agency (adoptions within the UK)	
ceased to live with [name of employee] (adoptions from overseas)	
Date of event:	
Due date of return to work (to be filled in by employer):	
Signed:	
Dated:	
<p>Adoption leave continues for eight weeks from the end of the week in which the event occurs or, if the event occurs within eight weeks of the end of adoption leave, adoption leave continues until its scheduled end. A week for these purposes starts on a Sunday.</p>	

23. Request from employee to request a Keeping in touch day

Date

Address

Dear *(Head of Academy)*

I am writing to request permission to attend a keeping in touch day on *(date/s)*. I would be grateful if you could confirm that this is acceptable.

I look forward to hearing from you.

Yours sincerely

Name

24. Form for an employee to provide notification that he or she wishes to return to work early from adoption leave



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Insert Academy Letterhead

Name of employee:	
Department:	

Start date of ordinary adoption leave:			
End date of additional adoption leave*:			
I wish to return to work before the end of my additional adoption leave on:			
Signed:		Date:	
<p>You must provide at least eight weeks' notice of your return date. If you have previously notified us of an early return date, but changed your mind, where your new return date is later, you must let us know the new date eight weeks before the original early return date notified. Where the new return date is earlier, you must give us eight weeks' notice of it.</p> <p>*Where you have previously given us at least eight weeks' notice of an early return date, insert the early return date previously notified. Otherwise, insert the final date of your 52-week adoption leave period.</p>			

ORDINARY PARENTAL LEAVE

25. Letter of application for parental leave

Date

Address

Dear *(Head of Academy)*

I am writing to request permission to take a period of unpaid parental leave with effect from *(date)* for a period of *(1/2/3/4 weeks)*. I would be grateful if you could confirm that this is acceptable.

Please find attached a copy of my *son's/daughter's* birth certificate as proof of my parental responsibility

I look forward to hearing from you.

Yours sincerely

Name