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| Partner Leave Request Form | | |
| **Guidance** | | |
| Please refer to the [Partner Leave policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) before completing this form. Once completed, please send the form to your manager to complete section 4.  You must submit this form at least 15 weeks before your baby’s due date. If you are adopting, please make sure you submit the form within seven days of your partner receiving formal notification of being matched with a child. | | |
| **Section 1: Personal Details** | | |
| Name: |  | |
| Employee Number: |  | |
| Department /School: |  | |
| **Section 2: Leave Details** | | |
| |  |  | | --- | --- | | Please note the expected or actual date of birth/ placement for adoption (dd/mm/yyyy): |  | | | |
| |  | | --- | | Please indicate your intended or actual Partner Leave dates:  Week 1 start date (dd/mm/yyyy):  Week 2 start date (dd/mm/yyyy): | | | |
| **Section 3: Declaration and Signature** | | |
| I am the:   * Child’s biological father, or spouse or partner of the child’s mother, or spouse or partner of the primary carer in an adoption or surrogacy arrangement * I have responsibility for the child’s upbringing and I will take time off work to support my partner following the birth/adoption of our child. | | |
| Signature: | | Date (dd/mm/yyyy): |
| Once the form has been completed, save and then email/send to your manager. | | |
| **Section 4: Manager’s Confirmation of Receipt** | | |
| I confirm I have discussed the employee’s plans and arrangements for leave, including giving consideration to cover while they are on leave. | | |
| Signature: | | Date (dd/mm/yyyy): |
| **On completion, submit this form through People and Money.** | | |