

Paternity Leave Application Form (HR-GEN-012-F)

Name of Employee: _____

Employee No.: _____

NOTIFICATION OF REQUEST TO TAKE PATERNITY LEAVE

I hereby apply to take Paternity Leave on the following dates:

Proposed Date of Commencement of Paternity Leave:

Day: _____ Month: _____ Year: _____

My Paternity Leave will finish on:
(2 weeks later)

Day: _____ Month: _____ Year: _____

DECLARATION

I declare that the information given above is true and complete.

Signed:

Date: _____

Employee

Signed:

Date: _____

Head of Department / Line Manager

Signed:

Date: _____

Human Resources Department