**NOTIFICATION FORM**

**CUMBRIA COUNTY COUNCIL**

**Employee Notification of Paternity / Maternity support leave and pay**

**Local Government Services Employees**

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| **Name: ……………………………………… Department: ………………………………...****Home Address: …………………………… Occupation: .…………………………………****………………………………………………… Personal Number: ..…………………….…….****………………………………………………… NI Number: ……….…………………………****……………………………………………… Hours Worked: ……………………………..****Date continuous service commenced:*** **with local government: …………………………**
* **with Cumbria County Council: ………………..**
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| **Paternity / Maternity support leave and pay**Expected Date of Childbirth: ………………Actual Date of Childbirth:…...….…………...… (If the child has already been born)I wish to start my leave on (Please tick as appropriate):The date the child is born 🞏 … days after the child is born 🞏 on the following date ..…/..…/…..🞏 (insert No. of days) (insert date)I do not qualify for Paternity leave. I wish to take 1 Weeks Leave (maternity support leave) 🞏**OR**I qualify for both Maternity support leave and paternity leave. I wish to take (please tick as appropriate):1 Weeks Leave (maternity support leave) 🞏 2 Weeks Leave (1 Week MSL + 1 Week paternity leave) 🞏 |
| **Employee Declaration** (Please tick as appropriate)I confirm that:For Maternity support leave:• I attach written notification from the child’s mother, confirming that I am the ‘Nominated Carer’ 🞏• I attach a copy of Certificate MATB1 which states the Expected Date of Childbirth 🞏For Paternity Leave:• I am the baby’s biological father **OR** I am married to the baby’s mother **OR** 🞏I am living with the mother in an enduring family relationship and am not an immediate relative• I have responsibility for the child’s upbringing 🞏• I will be taking the time off work to support the mother and/or care for the child 🞏 Signed: ………………………………………………… Date: ……………………………………. (Applicant) |
| I have checked and noted the information provided:Signed: ………………………………………….Date: ……………………………………………  **(Chief Officer/or nominated Manager)**  | For Office use onlySigned: ..………………………………………Date: ………………………………………… |
| Received in Payroll: Date: ……………………………… Initials: ……………………… |

On completion, this form should be sent to Cumbria County Council, Service Centre, Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle CA6 4SJ.