|  |
| --- |
| **Paternity/Maternity Support Leave** |
| **School/Academy:**  |
| **Full Name:**  |
| **If the employee is taking two consecutive weeks leave, please provide the start and end date of the leave.** | **Start Date:****End Date:** |
| **If the employee is taking two separate weeks leave, please provide the start and end date of each period of leave.**Please note, if the dates of the second week haven’t agreed this can be left blank. Please then provided the updated form at a later date. | **Week 1 Start Date:****Week 1 End Date:****Week 2 Start Date:****Week 2 End Date:** |
| **Approved by Headteacher/Principal:**  |
| **Date:** |

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# Appendix 1- Paternity/ Maternity Support Leave Notification Form