King's College Hospital
NHS Foundation Trust

PATERNITY LEAVE APPLICATION FORM

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

This form should be completed by the employee who is requesting absence due to Paternity Leave, accompanied by a copy of MATB1 or Matching Certificate.

You are entitled to a maximum 14 days paid Paternity Leave, which we will process from the start date of your Paternity Leave Application, any days taken in excess of this entitlement are to be processed via Health Roster System as unpaid leave.
Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090 option 3

Mandatory Field; if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again

Following completion this form may be submitted by e mail to kch.payrollandexpenses@nhs.net

If completing this form by hand please complete in CAPITALS and use BLACK INK only.

1. EMPLOYEE DETAILS

Assignment No. * -

Surname *

Forename(s) *

2. PATERNITY REQUEST DETAILS

Expected Mother's Due Date/Match Date * D D M M Y Y Y Y

Paternity Leave Start Date * D D M M Y Y Y Y

Paternity Leave End Date * D D M M Y Y Y Y

3. EMPLOYEE AUTHORISATION

I declare I am the only person requesting Statutory Paternity Pay and Occupational Paternity Leave for this child.

Employee Signature

not required if being submitted electronically

Date * D D M M Y Y Y Y

4. AUTHORISATION

This form will be returned to you if not completed as directed and may result in a delay in payment or employee change.

Employee No *

Forename *

Surname *

Authorised Signature

not required if being submitted electronically

Date * D D M M Y Y Y Y

Contact No. *

Work Email Address *

Clear Form