King's College Hospital
NHS Foundation Trust

APPLICATION FOR NEONATAL CARE LEAVE

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

This form should be completed by employees requesting Neonatal Care Leave

Should you have any queries regarding the completion of this form, please contact Payroll on 0300 303 8609.

*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.* -

Position Number*

Surname*

Forename(s) Job*

Title *

2. Neonatal Care Details

Date of Expected Childbirth * D D M M Y Y Y Y

Date of Actual Childbirth* D D M M Y Y Y Y

Declaration – I have at least 26 weeks continuous service with KCH at the 15th Week before Expected Week of Childbirth* Yes ☐ No ☐

Declaration – Neonatal Care started within 28 days of birth* Yes ☐ No ☐

Declaration – Neonatal Care was more than or equal to 7 full consecutive days* Yes ☐ No ☐

Declaration – I meet the Parental Relationship threshold as defined by GOV* Yes ☐ No ☐

Maternity Leave Start date* D D M M Y Y Y Y

3. Neonatal Leave Request

Neonatal Leave Start Date*

D D M M Y Y Y Y

Neonatal Leave End Date*

D D M M Y Y Y Y

Date Neonatal Care Started Period 1*

D D M M Y Y Y Y

Date Neonatal Care Ended Period 1*

D D M M Y Y Y Y

Date Neonatal Care Started Period 2

D D M M Y Y Y Y

Date Neonatal Care Ended Period 2

D D M M Y Y Y Y

Declaration – Neonatal care is ongoing* Yes ☐ No ☐

4. YOUR AUTHORISATION

I have read the Neonatal leave guidelines and accept the conditions outlined in it.

Authorised Signature*

Date* D D M M Y Y Y Y

Contact No. *

Work Email Address*

5. MANAGER AUTHORISATION

The dates given and entitlement to Neonatal leave and pay are accurate.

Employee No*

Forename*

Surname*

Authorised Signature*

Not required if being submitted electronically from your NHS email account

Date* D D M M Y Y Y Y

Contact No.*

Work Email Address*