Appendix A - Notification of Paternity Leave Form

**Guidelines for completion**

Please read the NCG Paternity Policy before completing this form. This form should be completed by colleagues by the 4th week before the expected week of childbirth (EWC). Once completed, please submit this to your manager.

Managers should send this form alongside a copy of the MATB1 certificate to [payroll@ncgrp.co.uk](mailto:payroll@ncgrp.co.uk)

**Section A: Colleague Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename: |  |
| Payroll ID number : |  | Department: |  |

**Section B: Paternity Leave Information**

|  |  |
| --- | --- |
| Date baby is due: |  |
| Do you intend to take 2 weeks together? | Yes/No |
| Paternity leave start date – week one: |  |
| Paternity leave start date – week two: |  |

**Section C: Please select as relevant**

|  |  |  |
| --- | --- | --- |
| I am the baby’s biological father | Yes | No |
| I am married to the mother of the baby | Yes | No |
| I am living with the mother in an enduring family relationship but I am not an immediate relative | Yes | No |
| I will have responsibility for the child’s upbringing | Yes | No |
| I am adopting a child with my partner and I want to receive paternity pay and leave, not adoption leave and pay. | Yes | No |

**Section D: Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Colleague signature: |  | Date: |  |