|  |  |
| --- | --- |
| **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:** | |

****

# 

# Appendix 1- Paternity/ Maternity Support Leave Notification Form