**Notification of Intention to Take Paternity Leave**

A picture containing background pattern

Description automatically generated

**Notification of Intention to Take Paternity Leave**

**Guidance notes for employees:**

* Paternity leave is available to employees who are deemed to be the “relevant parent” of a child. See definition of “relevant parent” below.
* An employee who is a “relevant parent” of a child may avail of a continuous period of two weeks’ paternity leave. Paternity leave cannot commence earlier than the expected date of birth or date of placement of the child and cannot commence later than 26 weeks after the expected date of birth or the date of placement of the child.
* The leave entitlement must be taken as a block of two weeks and cannot be fragmented into smaller periods of leave.
* This form must be completed by the employee concerned not later than four weeks before the expected commencement of the leave.
* A medical certificate confirming the expected date of birth/certificate confirming the expected day of placement must accompany this notice.
* During paternity leave, employees who have the necessary PRSI contributions and are in receipt of a Public Services Card are entitled to Paternity Benefit from the Department of Social Protection.

A “relevant parent” is defined as:

* The father of the child
* The partner (spouse, civil partner, or cohabitant) of the mother of the child
* The parent of a donor-conceived child
* For an adopted child, the relevant parent is the parent who is not the qualifying adopter for adoptive leave.

**Notification of Intention to Take Paternity Leave**

|  |  |
| --- | --- |
| **Personal Details** | |
| Name of employee: |  |
| Department: |  |

|  |  |
| --- | --- |
| **Paternity Leave Details** | |
| Name of child:  (if name not known, write ‘baby, surname’) |  |
| Date of birth/placement of the child:  (if applying in advance of the birth/placement, please include the expected date of birth/day of placement) | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |

|  |  |
| --- | --- |
| **Paternity Leave Dates** | |
| Commencement date: | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |
| Return to work date: | Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ |

|  |
| --- |
| **Declaration** |
| I declare that the information given above is accurate and complete.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer |

This leave may be terminated if it is not used for this purpose. Any employee abusing this leave may be subject to disciplinary action in line with the company disciplinary procedures.