Please refer to the [Family Leave Policy](https://www.falkirk.gov.uk/employees/policies/family-leave.aspx) before completing this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Employee Number |  |
| Contact Number  |  | Personal email |  |
| Job Title |  | Manager’s Name & location |  |
| I wish to start my parental leave on:Minimum of 21 days notice is required for any parental leave requests. Your manager may postpone parental leave for a period no greater than 6 months. |  | I wish my parental leave to last for: Maximum leave to be taken in any 1 year is 4 weeks per child. Minimum amount of leave to be taken at any one time is 1 week (except in the case of a disabled child where individual days can be taken). |  |

I can confirm that:

* I have worked continuously for Falkirk Council for 1 year or more
* My child is under 18 years of age
* I am registered as the child’s parent, or
* I have parental responsibility

I currently participate in:

* Cycle to work
* Purchasing annual leave
* Childcare vouchers (CCV’s)
* Shared Cost AVC’s

Signature: Date:

**Application Line Manager approved by:**

Name (print):

Signature:

Date:

**This form should be returned to the HR Helpdesk** **hrhelpdesk@falkirk.gov.uk**