

Version Control

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Thie	docum	ent is	intende	d for

 $\hfill \square$ Council staff only $\hfill \square$ School-based staff only $\hfill \square$ Council & School-based staff

1. Introduction

This guide aims to set out as simply as possible the paternity/maternity support rights and benefits which are available to employees and the conditions which apply to

Death of a Baby and Still-Born: If the baby dies or is stillborn after 24 weeks pregnancy the Paternity Scheme will still apply for qualifying employees.

Expected Week Of Childbirth: The expected week of childbirth is the week, starting on the Sunday, in which it is expected the baby will be born.

Unpaid Time Off to Accompany to Antenatal Appointments: In order to receive this entitlement WKH HPSOR\HH PXVW KDYH D ³TXDOLI\ you or the expected child. The following people are covered:

Husband or civil partner.

Partner, including same sex partners, who live with you.

Father of the expected child.

case of an adoption from oversees, the leave can be taken within the 52 weeks from the date the child arrived in Great Britain

A maximum of 2 weeks leave will be available to employees irrespective of whether more than one child is born as the result of the same pregnancy, or whether more than one child is placed for adoption/surrogacy under the same arrangement.

6. Ordinary Paternity Pay

Entitlement to Paternity Pay is:

1st

7. Employee Responsibilities

As a Statutory requirement employees must notify the Council of their

SECTION 2: MATERNITY SUPPORT LEAVE

Employees who have NOT been continuously employed by the Council for 26 weeks leading into the 15th week before the baby is due,

From a chosen date that must be after the start of the expected week of birth/placement.

Managers will be required to authorise the application form and confirm the timir the leave is acceptable. If	ng of

THIS FORM SHOULD BE COMPLETED AND RETURNED TO hRpayroll@blaenau-gwent.gov.uk
with-acopy-of-the-expectant-mother's MAT B1 FORM
or Relevant Adoption/surrogacy Documentary Evidence

THIS FORM ONLY NEEDS TO BE COMPLETED IF YOUR LEAVE DATES HAVE NOT ALREADY BEEN SUBMITTED ON FORM PL1 (PATERNITY LEAVE FORM)

$\textbf{COMPLETED FORMS SHOULD BE RETURNED TO } \underline{\textbf{HRpayroll@blaenau-gwent.gov.uk}}$

Full Name:				
Job Title:				
Personal Reference Number (please note this is mandatory):				
%DELHV¶ GDWH RI ELUWK GD				
The following dates are: My first week My second week				