CHRIS/85

Neonatal Care Leave Form

Please discuss the timing of your neonatal care leave with your manager or Head of Institution before completing this form. Details of Neonatal Care Leave and Pay provisions are given in the University’s Special Leave Policy.

PART 1 – Application for Neonatal care Leave and pay

To be completed by the employee

Section A – Employee details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name | | | | | |  | | | | | | | | |
| 1. Personal Reference Number (this can be found on your pay slip) | | | | | |  | | | | | | | | |
| 1. Position Held | | | | | |  | | | | | | | | |
| 1. Faculty / Department | | | | | |  | | | | | | | | |
| 1. Email address | | | | | |  | | | | | | | | |
| 1. Working pattern.   It is important that we know which days of the week you work so we can calculate your leave entitlement correctly.  Every weekday, Monday – Friday | | | | | | | | | | | | | | |
| If other, please specify below | | | | | | | | | | | | | | |
| Mon |  | Tue |  | Wed |  | | Thu |  | Fri |  | Sat |  | Sun |  |
| 1. Start date of this pattern (dd/mm/yy)   Please specify (even if this is in the past). If your pattern changes before you start neonatal care leave, you must tell us. | | | | | | | | | | | | | | |

Section B – Details of entitlement and leave dates

|  |  |
| --- | --- |
| 1. Baby’s date of birth or date of placement for adoption |  |
| 1. Date your baby started receiving neonatal care in hospital |  |
| 1. If your baby’s neonatal care ended in hospital, please provide the end date. |  |
| 1. Did your baby continue to receive neonatal care leave in another setting under the direction of a consultant following discharge from hospital e.g. care provided by a neonatal outreach team received at home. This does not include routine care by the community midwife service. | Yes  No  If yes please specify the date that this neonatal care ended (dd/mm/yy) |
| 1. How many complete weeks was your baby receiving neonatal care for (including any neonatal care received following discharge from hospital under the direction of a consultant as detailed in question 11)?   You accrue 1 week of neonatal care leave for each full week your baby is receiving neonatal care up to a maximum of 12 weeks. |  |

|  |  |
| --- | --- |
| 1. Are you taking any other type of family leave in addition to neonatal care leave (please select those that apply)?   If you are taking maternity/adoption leave, the neonatal care leave entitlement that you have accrued needs to be taken after you have taken all the maternity/adoption leave you intend to take. | Maternity/adoption leave  Paternity/co-parent leave  Shared parental leave |
| 1. Are you completing this form retrospectively to record the dates of neonatal care leave that you have already taken or to request to take accrued neonatal care leave in the future?   I’m completing this form to record a period of neonatal care leave that I have already taken  (go to question 15)  I am completing this form to request to take accrued neonatal care leave in the future  (go to question 16) | |
| 1. When completing this form retrospectively (to record the dates of neonatal care leave that you have already taken) please specify below the start dates of the period of neonatal care leave that you have taken. Include start and end dates for each block of leave taken (please note neonatal care leave can only be split into blocks when the employee’s baby is in neonatal care and for 7 days after the end of neonatal care). | |
| 1. If you are requesting to take accrued neonatal care leave in the future, please specify below the start and end dates of the leave requested. Include start and end dates for each block of leave taken (please note accrued neonatal care leave can only be split into blocks when the employee’s baby is in neonatal care and for 7 days after the end of neonatal care). | |

**Section C – Employee declaration**

Sign below to confirm that these details are correct and to confirm that you are taking neonatal leave to care for your child.

Signed (employee) Date

You should now send this form to your Departmental Administrator for completion of Part 2.

Part 2 – Institutional Authorisation

This part must be completed by the Head of Department or equivalent.

I authorise this neonatal care leave and pay

Signed Name

Position Date

Completed forms should be sent to the relevant email address below

|  |  |  |
| --- | --- | --- |
| [Lifeeventsandleave@admin.cam.ac.uk](mailto:Lifeeventsandleave@admin.cam.ac.uk) |  | [cshrstaffhub@admin.cam.ac.uk](mailto:cshrstaffhub@admin.cam.ac.uk) |
| School of Arts & Humanities |  | School of Clinical Medicine |
| School of the Biological Sciences |  |  |
| School of the Humanities & Social Sciences |  |  |
| School of the Physical Sciences  School of Technology  UAS |  |  |
| Non-School Institutions |  |  |