# Parental leave notification form

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| --- |
| This form is for employees to use to notify or update the details of any parental leave that they intend to take.For more information about parental leave, visit [www.fairwork.gov.au/leave](http://www.fairwork.gov.au/leave/Pages/default.aspx). |

## Employee’s details

|  |  |
| --- | --- |
| First name: |  |

|  |  |
| --- | --- |
| Surname: |  |

|  |  |
| --- | --- |
| Position: |  |

|  |  |
| --- | --- |
| Contact phone number: |  |

This request relates to:

[ ]  Maternity leave [ ]  Paternity leave [ ]  Adoption leave

## Leave details

|  |  |
| --- | --- |
|  | This section is to be filled in and provided to your employer at least 10 weeks before starting leave or if that is not practicable then as soon as is (which may be after the leave has commenced).An employer can ask for evidence in support of this notification. If a pregnant employee continues to work during the 6 week period before the expected date of birth of the child, an employer can ask the employee for evidence that they are fit for work and whether regular duties can continue. For information about your parental leave entitlements and obligations, visit [www.fairwork.gov.au/leave](http://www.fairwork.gov.au/leave/Pages/default.aspx).  |

|  |  |
| --- | --- |
| Start date of leave: |  |

|  |  |
| --- | --- |
| End date of leave: |  |

|  |  |
| --- | --- |
| Total period of leave (weeks/days): |  |

|  |  |
| --- | --- |
|  | Provide evidence (such as a medical certificate) where requested.  |

Do you intend to apply for Parental Leave Pay under the Australian Government Paid Parental Leave scheme?

[ ]  Yes [ ]  No [ ]  Unsure

Signature of employee: Date: / /

## Confirmation or change of leave details

|  |  |
| --- | --- |
|  | This section is to be filled in and provided to your employer at least 4 weeks before starting leave unless it is not practicable to do so. |

|  |  |
| --- | --- |
| Start date: |  |

|  |  |
| --- | --- |
| End date: |  |

|  |  |
| --- | --- |
| Total period of leave (weeks/days): |  |

Signature of employee: Date: / /

## Acknowledgement of parental leave (to be completed by manager/supervisor)

|  |  |
| --- | --- |
| Name of manager/supervisor: |  |

Signature of manager/supervisor: Date: / /

PLEASE KEEP A COPY OF THIS LETTER FOR YOUR RECORDS