

**Notice of parental leave
(First Notice)**

Name:		C Number:	
Position:			
School/Office:			
Employee parental leave details			
Expected date of birth/day of placement:			
Type of leave	<input type="checkbox"/> Maternity	<input type="checkbox"/> Partner	<input type="checkbox"/> Adoption
Period of leave	Start date:	End date:	Total weeks:
Spouse parental leave details			
My spouse will be taking a period/s of parental leave: <input type="checkbox"/> yes <input type="checkbox"/> no			
Period/s of leave	Start date:	End date:	Total weeks:
	Start date:	End date:	Total weeks:
Evidence			
<input type="checkbox"/> I have attached a medical certificate confirming the pregnancy and expected date of birth (birth-related leave). OR <input type="checkbox"/> I have attached evidence of the expected day of placement and that the child will be aged less than 16 years (adoption-related leave).			
Additional Information			
Additional comments (if any):			
Employee signature:		Date:	
Employer response			
<input type="checkbox"/> The Employee is eligible for paid parental leave of week/s. OR <input type="checkbox"/> The Employee is not eligible for paid parental leave.			
Additional comments (if any):			
Employer signature:		Date:	