Maternity Support Leave Notification Form

Name: _____   Pay no. _____

TRENT Position name & Reference   _____

Dates for Leave (week 1)   _____

Dates for Leave (week 2)   _____

My spouse / partner is expecting a baby on:-   _____
(if the baby has been born, please enter actual date of birth)

Employee Declaration

I declare that:-

- I am in an enduring relationship with the mother;
- I will be responsible for child's upbringing;
- I will be taking time off to support the mother, or care for the baby.

Signed: _____   Date: _____

Authorised: _____   Date: _____