

Unpaid Parental Leave Request Form

To access unpaid parental leave, you must have at least 12 months' NHS service and inform the Lead Employer Trust (LET) at least 21 calendar days before your requested period of unpaid leave.

All boxes marked with an asterix (*) are mandatory.

| PART 1: Employee Details | | | |
|---|--|------------------------------|-----------------------------|
| Surname: * | | Forename: * | |
| Address: * | | Email address: * | |
| | | Tel. number: * | |
| | | GMC/GDC number: * | |
| Programme: * | | Grade (e.g. ST3): * | |
| Are you a Tier 2 visa holder? * | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PART 2: Unpaid Parental Leave Details | | | |
| Start date of requested unpaid leave: * | | | |
| End date of requested unpaid leave: * | | | |
| Please provide details of any previous periods of parental leave: | | | |
| PART 3: Declaration | | | |
| a) I wish to apply for unpaid parental leave in accordance with the LET's Parental Leave Policy and the NHS Terms and Conditions of Service Handbook. | | | |
| b) I declare that I am either the baby's natural or adoptive parent or have parental responsibility under the Children Act 1989. | | | |
| c) I declare that I will take time off work to look after or to make arrangements for the good of the child or children. | | | |
| PART 4: Employee Declaration | | | |
| Name: * | | | |
| Signature: * | | | |
| Date: * | | | |
| PART 5: Manager Authorisation <i>(Host training organisation at the time unpaid leave will commence)</i> | | | |
| Has this period of unpaid leave been agreed? * | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Where the period of unpaid leave has not been agreed, you have a legal obligation to accommodate a postponed period of unpaid leave within six months of the original request.</i> | | | |
| If the leave has not been agreed, please state reasons: | | | |
| | | | |
| Start date of postponed unpaid leave: * | | | |
| End date of postponed unpaid leave: * | | | |
| Name: * | | | |
| Signature: * | | | |
| Date: * | | | |

Please send the completed form to your HR Officer at the Lead Employer Trust.

| Lead Employer Trust use only: | |
|--------------------------------------|--|
| Start date of unpaid leave: | |
| End date of unpaid leave: | |
| Date letter sent to trainee: | |
| Date TIS updated: | |
| Date payroll informed: | |
| Signature: * | |
| Date: * | |