|  |  |  |  |
| --- | --- | --- | --- |
| Your Ref.  Our Ref.  Contact  Email  Direct Dial  Direct Fax |  | |  |
| Date  **PERSONAL**  (Employee Name)  (Job Title)  (Service)  (Directorate)  (Location) | |  |
|  |

Dear (Employee Name)

**NOTIFICATION OF YOUR INTENTION TO TAKE SUPPORT/PATERNITY LEAVE**

I acknowledge receipt of your notification of your intention to take support/paternity leave.

Please ensure you complete the application for support/paternity leave form and submit this to your line manager at least 28 days before the expected date of childbirth/placement for adoption/surrogacy birth.

If you have any queries, please contact me on the above number.

Yours sincerely

HR Service Centre

c.c. – Personal File

Payroll Section – for information