Appendix 4

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

Dear (Employee Name)

**PATERNITY LEAVE (FOR BIRTH/ADOPTION/SURROGACY ARRANGEMENT PURPOSES)\* (\*delete as appropriate)**

I acknowledge receipt of your application for paternity leave in accordance with the Council’s Paternity Guidance.

I confirm that you are granted one/two consecutive weeks’ (delete as appropriate)paternity leave from your post of **(job title)** at **(place)** from **(date)**.

You will receive your salary and other conditions of service as normal whilst you are on paternity leave / You will receive Statutory Paternity Pay as well as your other conditions of service during the period of your paternity leave. **(delete as appropriate**, see the Paternity Guidance).

Yours sincerely

**HR Service Centre**

c.c. – Personal File

Payroll Section – for information