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

Dear (Employee Name)

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

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

I confirm that you are granted one/two consecutive weeks’ (delete as appropriate)support**/**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 one week’s Support Leave. You also qualify for Ordinary Paternity Leave and you will receive Statutory Paternity Pay as well as your other conditions of service whilst you are on one week’s Ordinary Paternity Leave **OR** You do not qualify for Ordinary Paternity Leave. **(delete as appropriate**).

Yours sincerely

**HR Service Centre**

c.c. – Personal File

 Payroll Section – for information