Appendix 2

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| --- | --- | --- |
| Your Ref.Our Ref.ContactEmailDirect DialDirect Fax |   |  |
| Date**PERSONAL**(Employee Name)(Job Title)(Service)(Directorate)(Location) |  |
|  |

Dear (Employee Name)

**NOTIFICATION OF PATERNITY LEAVE**

I acknowledge receipt of your notification to take paternity leave.

Please ensure you complete the application for 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