**Personal Information:**

* **Your Name:** [\_\_]
* **Your employee number** [\_\_]
* **Manager’s Name & Job Title** [\_\_]

**Contact Information:**

* **Email Address:** [\_\_]
* **Phone Number:** [\_\_]

**Baby's Information:**

* **Date of Birth:** [\_\_]
* **Date of Placement (if adopted):** [\_\_]
* **Date of Entry to Great Britain (if adopted from overseas):** [\_\_]

**Neonatal Care Details:**

* **Start Date of Neonatal Care:** [\_\_]
* **End Date of Neonatal Care:** [\_\_]

**Leave Details:**

* **Start Date of Neonatal Care Leave:** [\_\_]
* **Number of Weeks of Leave:** [\_\_]

**Multiple Births:**

* (Provide the above information for each child)

**Confirmation:**

* [ ] I confirm that I am taking the leave and pay to care for the child.
* [ ] I have parental responsibility for the child (if this is the first time giving notice for Neonatal Care Pay and Leave).

**This form should be returned to the HR Helpdesk at** **hrhelpdesk@falkirk.gov.uk**