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| **Notice to take Neonatal Care Leave and Application for Neonatal Care Pay** | | | | |
| In order to take Neonatal Care Leave and apply for Neonatal Care Pay, you must provide the information requested below. You can use this form to apply for Neonatal Care Leave Tier 1, Tier 2, or for both.  Note: You can only apply for **one week of leave for every one uninterrupted week which the infant spends in neonatal care,** up to a maximum of 12 weeks. | | | | |
| Once completed, this form should be submitted to your Line Manager for signing. Your Line Manager must then send a copy of this form to [HR@highland.gov.uk.](mailto:HR@highland.gov.uk)  For Education & Learning employees, the form should be sent to:   * [clstaffing.nonteaching@highland.gov.uk](mailto:clstaffing.nonteaching@highland.gov.uk) for school based Non-Teaching employees (except catering, cleaning and FM), or * [clstaffing.teaching@highland.gov.uk](mailto:clstaffing.teaching@highland.gov.uk) for Teaching employees | | | | |
| **Employee Details** | | | | |
| Employee’s Name | Job Title | Payroll No. | Contact Tel/Email | |
|  |  |  |  | |
| **Your Infant’s Details** | | | | |
| Infant’s Name | Relationship to the infant | Date of Birth or Date of Adoption | | |
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| **Neonatal Care Leave – Tier 1** | | | | |
| 1. Tier 1 leave is taken **during the neonatal care period** 2. **Leave can be** taken in non-continuous blocks of at least one week, up to a maximum of 12 weeks 3. **Notice** of Tier 1 leave should be provided as soon as is practicable prior to each block of leave commencing.   **For example,** where a baby is born prematurely and requires neonatal care for several weeks, a parent  might take 1 week of leave, return to work for a few days, and then take another week of leave as needed. | | | | |
| Start date(s) of neonatal  **CARE** | End date(s) of neonatal  **CARE** (if applicable) | Start date of neonatal  **LEAVE** | Number of **WEEKS**  being taken: | |
|  |  |  | Previously taken: |  |
| This period: |  |
| **NOTE:** If you have given notice of leave whilst the infant is receiving care, you must inform your manager and HR of the date when neonatal care ends. | | | | |

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| **Neonatal Care Leave – Tier 2** | | | | | | | |
| 1. Tier 2 leave is taken **after the neonatal care period ends (**and, if applicable, is usually taken after other family leave has concluded) 2. **Leave must be** taken in a single continuous block 3. Notice of Tier 2 leave should be **provided 15 days'** prior to commencing for one week of leave or **28 days’ prior** for 2 or more weeks of leave.   **For example,** after the baby is discharged from neonatal care, a parent might wish to take a continuous block of leave to support the baby's transition home. Where a parent is already receiving pre booked family friendly leave/pay, NCL Tier 2 leave may be added to the end of that family leave. | | | | | | | |
| Start date(s) of neonatal  **CARE** | End date(s) of neonatal  **CARE** | | Start date of neonatal  **LEAVE** | | | Number of **WEEKS**  being taken: | |
|  |  | |  | | | Previously taken: |  |
| This period (single block): |  |
| **Employee Disclaimer** | | | | | | | |
| **By signing and submitting this form, I acknowledge that**:   * I have read and understood the Neonatal Care Leave and Pay guidance * I meet the eligibility criteria for Neonatal Care Leave as I have caring responsibilities for the infant * I have provided accurate and complete information in this form * I will use this leave for the purpose of looking after the infant * I will notify my manager of any changes to my circumstances which may affect this leave | | | | | | | |
| **Employee Signature:** |  |  | **Date:** | |  |  |  |
| **Manager Signature and Date** | | | | | | | |
| **Manager Name:**  **Manager Signature:** |  |  | **Date:** | |  |  |  |
| **HR officer to complete** | | | | | | | |
| Date Notice received |  | | Date of Response | |  | | |
| Start Date(s) of other Family Friendly Leave |  | | End date of other Family Friendly leave | |  | | |
| Total number of weeks | Requested this period |  | Already Taken |  | Balance  (max 12 weeks) | |  |
| Length of continuous  service by Relevant Week |  | | Average Weekly earnings sufficient for NCP? | |  | | |
| Does the employee have Salary Sacrifice? Y/N |  | | Date Payroll informed | |  | | |
| **HR Officer:** |  |  | **Date:** | |  |  | |