

# Maternity and Paternity Leave Request Form

Instructions: Please complete all sections of this form to request Maternity or Paternity Leave. Once completed, print the form, sign it, and submit it to your Manager and Human Resources Department for approval.

## 1. Employee Information

Full Name:

Employee ID:

Job Title:

Department:

Manager's Name:

Contact Phone Number:

## 2. Leave Request Details

Type of Leave (Type "Maternity" or "Paternity"):

Expected Due Date / Adoption Date (DD/MM/YYYY):

Requested Leave Start Date (DD/MM/YYYY):

Requested Leave End Date (DD/MM/YYYY):

Expected Return to Work Date (DD/MM/YYYY):

Total Number of Weeks Requested:

## 3. Work Coverage and Handover Plan

Designated Cover Person:

Key Responsibilities to Hand Over:

## 4. Acknowledgement and Signatures

I confirm that the information provided above is accurate and that I intend to take leave as specified. I will notify my manager and HR of any changes to these dates as soon as possible.

Employee Signature: \_\_\_\_\_ Date (DD/MM/YYYY):

### For Office Use Only

Manager Approval Signature: \_\_\_\_\_ Date (DD/MM/YYYY):

HR Approval Signature: \_\_\_\_\_ Date (DD/MM/YYYY):