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| **TIME OFF TO ACCOMPANY ANTENATAL APPOINTMENTS** |
| Employees and qualifying agency workers accompanying a pregnant individual to their pregnancy related ante-natal appointments are entitled to **unpaid** leave for 1 or 2 appointments. If you wish to take time off please complete this form and forward it to your line manager at least 10 days prior to the appointment. |
| Employee Name: Job Title: |
| **I confirm that I am:**   * the baby’s father. * the pregnant individual’s spouse, civil partner, or partner * the intended parent of a child expected to be born to a surrogate who intends to apply for a parental order and expects to satisfy the conditions to become the legal parent of that child. |
| **I confirm that:** the purpose of taking the time off is to accompany a pregnant individual to antenatal appointment(s).    **No** |
| **Yes**  **I confirm that**: the appointment(s) has been made on the advice of a registered doctor, registered midwife, or registered nurse.  **Yes No** |
| ***1st Appointment***  ***Date Time Location***  ***2nd Appointment***      ***Date Time Location*** |
| I understand that any false information that I give on this form may result in disciplinary proceedings being taken against me.  Signature of employee: Date: |
| Authorising Manager:  Signature of authorising manager: Date: |