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| University of Edinburgh Logo Navy and white colour Mother/Lead Adopter:  Neonatal Care Leave Booking Form | | | |
| **Guidance** | | | |
| Please refer to the relevant family leave policy on the [HR A-Z Policies](https://human-resources.ed.ac.uk/policies-guidance/a-to-z-of-policies-and-guidance) webpage, and in particular the section on ‘Neonatal Care Leave’, before completing this form. For example, if an employee is taking maternity leave, please refer to the Maternity Policy. You can also refer to the [Neonatal Care Leave](https://human-resources.ed.ac.uk/policies-and-guidance/leave-absence-attendance-returning-parents/neonatal-care-leave-and-pay) webpage.  Following discussion with the employee wishing to take neonatal care leave (NCL), managers should complete all sections of this form. If the end date of the baby’s neonatal care is not yet known, and the employee is currently on family leave and is not taking NCL imminently, then it is better to wait until this date is known before submitting the form.  Once completed, the form must be submitted to HR via a Service Request on People and Money, using the category ‘Neonatal Care Leave’.  The Form must be submitted at least 15 days before the employee plans to take NCL. If the employee wants to change when they take other family leave (e.g., maternity leave) as a result of NCL, these changes must be actioned in People and Money before this form is submitted.  If you require this document in an alternative format, please contact HR via email [HRHelpline@ed.ac.uk](mailto:HRHelpline@ed.ac.uk). | | | |
| **Section 1: Employee Details** | | | |
| Name: | |  | |
| Assignment Number: | |  | |
| Department / School: | |  | |
| **Section 2A: Eligibility** | | | |
| Please confirm that:   * The employee is eligible for NCL as they have parental responsibility for a baby who received neonatal care for seven or more consecutive days (not counting the day on which neonatal care starts) within 28 weeks of birth. * The NCL will not interrupt the employee’s maternity or adoption leave, otherwise they will lose their entitlement to maternity/adoption leave. NCL can be taken during discontinuous periods of shared parental leave (i.e., when the employee would have returned to work). * The NCL will be used within 68 weeks of the child’s birth to care for the child. * The employee is taking a minimum of one week, and a maximum of 12 weeks of NCL. * NCL must be used in full, consecutive, weeks if taken after maternity or adoption leave. * The employee understands that if they are not entitled to Statutory Neonatal Care Pay (SNCP), then their NCL will be unpaid. Please refer to the relevant family leave policy (e.g., the Maternity Policy if the employee is taking maternity leave) for information on SNCP.   **Following discussion with the employee, please confirm that the above eligibility criteria are correct:** | | | |
| **Section 2B: Booking Neonatal Care Leave**  For twins/multiple births, please complete the details of all babies who received neonatal care | | | |
| Please insert the baby’s date of birth (dd/mm/yyyy): | |  | |
| For adoption only, please insert the date of the adoption placement (dd/mm/yyyy): | |  | |
| **Which other type of family leave is the employee taking?** (Please select as appropriate) | | | |
| Maternity Leave | |  | |
| Adoption or Surrogacy Leave | |  | |
| Shared Parental Leave | |  | |
| Please insert the date the baby **started** to receive neonatal care (dd/mm/yyyy): | |  | |
| Please insert the date the baby’s neonatal care **ended** (dd/mm/yyyy): | |  | |
| Please insert the start and end dates of any further periods of neonatal care (dd/mm/yyyy): | |  | |
| Please insert the number of weeks the employee will be entitled to take NCL for:  *Note: the employee will be entitled to one week of NCL after their baby has received neonatal care for seven consecutive days (not counting the day on which the neonatal care starts). They will then be entitled to one week of leave for each further full week of neonatal care.* | |  | |
| **Booking dates of Neonatal Care Leave:** | | | |
| Start Date  (dd/mm/yyyy) | End Date  (dd/mm/yyyy) | Number of weeks NCL | |
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| Section 3: Manager Sign-Off | | | |
| Signature: | | | Date (dd/mm/yyyy): |
| Once the above three sections have been completed, please send to HR via a Service Requestin People and Money, using the category ‘Neonatal Care Leave’. HR will then book the leave in People and Money. | | | |