

Parental Leave Form



Section 1

Please complete all sections below.

1. Employee's name	<input type="text"/>
2. Employee's address (optional)	<input type="text"/>
3. Date parental leave commenced (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
4. Expected date of return from parental leave (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
5. Current basic salary	£ <input type="text"/>
6. Expected salary on return from parental leave	£ <input type="text"/>

Any additional information

Section 2

Please provide your details and company stamp (or company letterhead) below to certify the above information.

Signature	<input type="text"/>
Name in capitals	<input type="text"/>
Position in company	<input type="text"/>
Telephone number	<input type="text"/>
Date completed (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 3

Many thanks for your co-operation.

Company Stamp

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Please return to us by fax on 01756 705714 or alternatively email us at mscadvisors@skipton.co.uk.

Call in **branch** | Talk to us today **0345 850 1700** | Visit **skipton.co.uk**

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