* *Record Statutory Paternity leave in PXD and also* ***complete this form*** *to inform Payroll* ***where Statutory Paternity Pay is payable.***
* *Record the leave in PXD* ***only****, and* ***do not complete this form*** *if Statutory Paternity Leave is being taken but* ***no Statutory Pay is payable*** *(ie Day One qualification)* ***or if OUAPPL is being taken****. See* [*HR Systems guidance*](https://hrsystems.admin.ox.ac.uk/make-appointment-and-salary-changes#collapse5082556) *for system steps.*

## EMPLOYEE DETAILS

1. Employee name Click to enter employee name
2. Employee number Click to enter employee number
3. Department Click to enter department name Division Select from list.

## ELIGIBILITY

1. Expected week of childbirth (EWC) or placement of the child Sunday at start of the EWC
2. Qualifying week (15th week before the EWC or placement) Sunday at start of the qualifying week
3. Did the current employment commence on or before the date in 4 above? Yes/No
*If no, there is no entitlement to paternity leave (including OUAPPL), and you do not need to complete this form.*
4. Does the employee have 26 weeks continuous service at the qualifying week? Yes/No
*If no, they do not qualify for Statutory Paternity Pay and you do not need to complete this form. They may qualify for 2 weeks Statutory Paternity Leave and up to 10 weeks OUAPPL at the rate of full pay through Day One provisions See* [Paternity leave | HR Support](https://hr.admin.ox.ac.uk/paternity-leave) for information.
5. Will employment continue throughout all planned periods of Statutory Paternity Leave? Yes/No
*If no, entitlement to paid leave will end when the contract ends.*

## DATES OF LEAVE

### Statutory Paternity Leave dates

 Block 1 Block 2 *(if applicable*)

SPL start date Click to enter a date. Click to enter a date.

SPL end date Click to enter a date. Click to enter a date.

Signed………………………………….. Date
*Head of Department/Departmental Administrator/HR Manager*

I agree that the information about my entitlements to contractual and statutory payments is correct

Signed………………………………….. Date
*Employee*