

APPLICATION FOR GRANT OF PARENTAL LEAVE

Rank	Initials	Surname	Number

Branch/Aircrew/Trade: _____

Type of Commission/Engagement: _____ Date due for normal Exit: _____

Period of Leave required: From: _____ To: _____

Details of child which leave requested:

Name: _____ Date of Birth: _____

Certificate (To be completed by the Applicant).

This **is/is not** an initial claim for Parental Leave in respect of this child.
 Documentary evidence **is/is not** enclosed.

I understand that the grant of Parental leave will be subject to the conditions stated in AP3392, Vol 2 Leaflet 1722, which I have read, including the following:

- a. I shall not be entitled to any pay or allowances from Air Force sources during the period of leave.
- b. The period of leave will not count for time promotion, increments of pay, retired pay, pension or gratuity, and I may be called upon to undertake a further period of full-time service equivalent to the period of leave granted.
- c. Any disability I may sustain during the period of leave will not be regarded as attributable to Air Force service; I should effect private insurance to cover such a contingency.
- d. I shall remain subject to Air Force Law while on parental leave and may be recalled to Air Force service in an emergency, or for any reason considered by the authority granting the leave to necessitate recall. If recalled to duty at short notice I understand that it will be my responsibility to make alternative arrangements for my child.
- e. I must wear civilian clothing while on leave; uniform must not be worn.
- f. I may receive any necessary medical, dental or hospital treatment from service sources or under NHS arrangements, which ever is more convenient, but I shall be personally responsible for any expenses arising out of the treatment from non-service sources.
- g. I understand that if I am liable under any Court Order, or under any order for maintenance made by the deputed officer of the Air Force Board under Section 150, 151 or 152 of the Air Force Act, for the maintenance of my spouse (or former spouse) and/or child(ren), payments by the Ministry of Defence (Air Force Department) will cease during the period of Parental Leave and if not met privately by me, any arrears that accrue may be liquidated by a maximum stoppage of pay on my return to duty: It is my responsibility, in conjunction with the Unit P staffs, to determine what arrangements need to be put in place to ensure continuity of payment.

h. If I occupy SLA or SFQ I may continue therein for any period of Parental Leave. For the duration of any Parental Leave, during which charges will be levied at the normal rate, I will be billed directly by the accounting officer.

i. I understand that the responsibility of the Service for payments under the Earnings Related National Insurance Contributions Scheme (ERNIC) will cease and I have been advised to contact the local Department of Social Security (Benefits Agency) to ascertain what action, if any, I am required to take to preserve any rights to which I may be entitled in respect of contributions already made under the Scheme.

j. I understand that deductions paid in respect of the RAFBF, the DINCOME trust, the Pax+ Insurance Scheme and voluntary savings schemes will also require alternative funding during the period of Parental Leave.

k. I confirm that I will be spending this leave in pursuit of parenting activities with the nominated child. I understand that disciplinary or administrative action may be taken against me if I am found to be using the leave for purposes unconnected with the child.

Date: _____ **Signature of Applicant** _____

Remarks/Approval by Flt/Sqn Cdr

Signature: _____

Name: _____

Date: _____ **Rank:** _____

Comment by Chain of Command when Parental Leave is denied (To be completed by an officer of at least wg cdr rank).

Signature: _____

Name: _____

Date: _____ **Rank:** _____

Appointment: _____

Agreement of Deferred Parental Leave

The following dates have been agreed, in lieu of the period requested which has been denied:

From: _____ To: _____

Applicants Signature: _____

Flt/Sqn Cdr: _____

Date: _____

Action by PSF Staff

Parental Leave entered on Individual's leave record.

Signal notifying PMA & AFPAA staffs issued: DTG: _____

P2/P3 Clk's signature: _____

Date: _____