# NEONATAL CARE LEAVE AND PAY – NOTIFICATION TO DEPARTMENT

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| Before completing this form read the full guidance on Neonatal Care Leave and Pay at <https://hr.web.ox.ac.uk/neonatal-care-leave-and-pay> to check your eligibility and understand more about what is available. |

This form is for:

* **Recording** that you took Neonatal Care Leave and Pay whilst your baby was in neonatal care **OR**
* **Notifying** your department of your intention to take Neonatal Care Leave and Pay after other statutory family leave provisions have been exhausted

If you are notifying us of a future date:

* + Provide **at least 15 days of notice** of an intention to take a single week of leave and pay
  + Provide **at least 28 days of notice** of an intention to take a two or more weeks of leave and pay

In order that your department is able to make any necessary plans to cover work during your absence **please give as much notice as possible of your planned dates of leave.**

This form will be retained by your department on your departmental file.

**Recording a period of NCLP that you are taking at present, or have already taken**

If you need to take leave to care for your baby whilst it is in hospital, or receiving other neonatal care, you should notify your department before you are due to start work on the first day of absence or, if this is not possible, as soon as reasonably practicable. This notice does not need to be given in writing.

**If you have already taken Neonatal Care Leave and Pay within the baby’s first 28 days** – complete Part B of the Plan to record the leave that you took. This information is needed to record statutory pay entitlements.

**If you used another type of statutory family leave (maternity, adoption, shared parental or paternity leave) to care for your child and wish to use your accrued Neonatal Care Leave and Pay entitlement after your periods of statutory family leave and after the baby’s first 28 days** – complete Part C of the Plan to give your department **at least 15 days notice** of an intention to take a single week of leave and pay**, and at least 28 days notice** of an intention to take two or more weeks of leave and pay. Your HAF or HR department will confirm the arrangements for your leave as soon as possible after receiving your completed plan.

**Fixed-term contract staff**

If your contract of employment is due to terminate during any period of family leave your entitlement to benefits under the University's contractual family leave schemes will end on the contract end date. However, you will continue to be paid any remaining statutory pay to which you may be eligible. Your contract of employment will not automatically be extended because you are on family leave.

**Further information**

For information about other schemes to support parents, including Shared Parental Leave, Additional Annual leave or Flexible Working, see <https://hr.web.ox.ac.uk/family-leave>.

**PART A –** Your eligibility for Neonatal Care Leave and Pay

Complete this form and submit to your department in line with the notification requirements above.

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| **Your details** |
| 1(a) Name:  1(b) Department:  1(c) Date employment started: Click to enter a date. |
| **Tell us when the child was born** |
| 2(a) The baby was born on Click to enter a date. |
| **Qualifying for Contractual Neonatal Care Leave and Pay** |
| On the date that the child was born I was employed by the University of Oxford  **Yes**  **or** No (see box below) |
| *To qualify for contractual benefits you need to have started work for the University by the day before the date that the child was born at the latest.* |
| **Qualifying for Statutory Neonatal Care Leave and Pay** |
| On the 15th week before birth I had been employed continuously by the University for at least 26 weeks.  **Yes**  or  **No** |

Please give as much notice as possible, to allow your department to make any necessary plans to cover your absence.

**PART B – Neonatal Care Leave and Pay (‘tier one’** *ie leave taken whilst the child is still receiving neonatal care***)**

*Leave can start on any day of the week. The minimum period of leave is 1 week and a week is the number of days you normally work.*

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| **Recording a period of Neonatal Care Leave and Pay (that has already been notified)** | **Guidance notes** |
| 7a) I am recording that I was on a period of Neonatal Care Leave and Pay starting on Click to enter a date.  And that I returned to work on Click to enter a date. | *Complete this section for periods of Neonatal Care Leave and Pay where other statutory family leave had been exhausted and neonatal care had commenced.* |
| 7b)I am recording a 2nd block of Neonatal Care Leave and Pay and started this leave on Click to enter a date.  I returned to work on Click to enter a date. | *Complete this section if you returned to work prior to commencing another period of Neonatal Care Leave and Pay (prior to the baby’s 28th day)* |

**PART C – Neonatal Care Leave and Pay** *(‘tier two’ ie where the leave taken during the child’s admission to neonatal care was another form of statutory family leave, and the accrued NCLP is to be taken after the child has been discharged from care )*

*Leave can start on any day of the week. The minimum period of leave is 1 week and the maximum is 12 weeks determined by the total number of full weeks of the neonatal care period.*

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| **8 Booking a period of NCLP** | **Guidance notes** |
| 8a) I wish to book a block of **NCPL** starting on Click to enter a date.  I intend to return to work on Click to enter a date. | *Complete this section in all ‘tier two’ NCPL cases. Tier two NCPL must be taken in a single continuous block after other statutory family leave has been exhausted.* |

**PART D - Contact during Neonatal Care leave**

You and your department may make reasonable contact during any period of family leave. Even if you choose not to be told about changes happening at work during your leave, your HAF or equivalent will still contact you about any matters relating to your employment.

If you have a fixed-term contract which is due to end during your leave you need to agree with your Head of Administration and Finance how you wish to be contacted so that you are fully involved in the end of fixed-term contract procedure.

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| I would like to be contacted about changes happening at work during my Neonatal Care Leave and Pay period **Yes**   **No**  If yes, I would prefer to be contacted by [*delete any that do not apply]*  Email – [*give address]*  Phone [*give preferred phone number*]  Other [*give details*] |

**PART E - Employee Declaration**

*I declare that:*

The time I have taken off was in order to care for my child who was in neonatal care for the specified period of time (‘tier one’); OR The time I will be taking off is equivalent to time that my child spent in neonatal care (‘tier two’).

I am the parent or carer of the child\*; and

And,

the information I have provided on this form is correct.

Signed: Date:

Full Name:

**You should sign the form and pass it to your HAF or equivalent. Don’t forget to keep a copy of it for yourself.**

\* Parent or Carer of the child, including the partner of the child’s mother who is sharing the main responsibility for the child, or an intended parent with responsibility for the care of the child, or an adopter or prospective adopter of the child.