**Form 1: Notice of Intention and Entitlement to Take Neonatal Care Leave (Birth)**

I am submitting this form to give notice of my intention to take Neonatal Care Leave under the Neonatal Care Leave and Pay Act 2023.

I confirm that I have a qualifying family relationship with my child, entitling me to take this period of statutory Neonatal Care Leave

**Employee Details**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Employee Number  |  |
| Department  |  |
| Line Manager |  |

**Child’s Details**

|  |  |
| --- | --- |
| Child’s Full Name  |  |
| D.O.B / placement date |  |
| Hospital Name  |  |
| Date Neonatal Care Began |  |
| Expected Duration of Neonatal Care (weeks) |  |

**Leave Request**

|  |
| --- |
| I am writing to formally notify you that I wish to cancel my previously requested neonatal care leave |
|  previously notified you of my intention to take neonatal care leave on \[Date of Original Notice]. |
| Original Start Date  |  |
| Original End Date |  |
| Please provide the reason for cancellation. Be specific and provide details, e.g., "The baby's health situation has improved, and they are no longer requiring neonatal care," or "I have decided to return to work earlier than anticipated. |
|  |
| Please tick one of the below: |
|[ ]  Leave was requested under Teir 1 or Teir 2.  |
|[ ]  The period of leave was scheduled to begin within or outside of the 7-day period after the child ceased receiving neonatal care. |

**Declaration**

I confirm that I wish to cancel my previously requested neonatal care leave. I understand that this cancellation may impact my leave schedule and any other related arrangements.

|  |  |
| --- | --- |
| Employee Signature |  |
| Date |  |
| Line Manager Signature  |  |
| Date |  |

Please return completed form to People Services (HR@hope.ac.uk)