



Paternity Policy

Approval: September 2017

Review: September 2020

1. Introduction

This policy is intended to guide you through the paternity leave process. It clearly explains the steps you will need to take at the various stages of the process and gives details of your rights and the benefits to which you are entitled.

2. Scope

This policy applies to:

- a) the biological father of a new baby;
- b) the husband or partner of a woman who has had a baby, but who is not the biological father; or
- c) The husband or partner of a person who has adopted a child.

It enables you to take time off at or around the time of the birth or adoption of the child. The right to paternity leave is contained in the Paternity and Adoption Leave Regulations 2002 (the “Regulations”).

3. Ordinary Paternity Leave

3.1 Eligibility

All employees will qualify for ordinary paternity leave and pay if they:

- Have, or expect to have, responsibility for the child’s upbringing; and
- Are the father of the child; the mother’s husband; Civil Partner or Partner of the opposite or same sex who live with the mother in an enduring family relationship; and
- Have worked continuously for Weightlifting Wales for 26 weeks by the 15th week before the baby is due or by the end of the week in which you are notified of having been matched with a child.

3.2 Leave

If you qualify for ordinary paternity leave, you are allowed to take a single block, of one or two consecutive weeks, of paternity leave. You are not able to take a period of less than one week.

Wales Weightlifting Federation Ltd

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<http://www.weightlifting.wales/> Tel: (01248) 388194

- 3.2.1 You may start your ordinary paternity leave on any day of the week on or following the child's birth. In the case of adoption you may begin any time from the date of the child's placement with the adopter.
- 3.2.2 Ordinary paternity leave must be completed within 56 days of the actual date of birth of the child or adoption placement or within 56 days after the expected week of birth if the child is born early.
- 3.2.3 Only one period of ordinary paternity leave will be available even for multiple births.

3.3 Pay

Ordinary paternity pay is payable at the same rate as the lower rate of statutory paternity pay, or 90% of average weekly earnings (if this is less than the lower rate of statutory paternity pay). If your earnings are less than the lower earnings limit for National Insurance purposes, you will not be entitled to statutory paternity pay and should obtain further information from your local Jobcentre Plus office or Department for Work and Pensions.

3.4 Notice Requirements

You should inform Weightlifting Wales in writing of your intention to take ordinary paternity leave, not later than the 15th week before the baby is expected, or within seven days of being told by the adoption agency that you have been matched with a child. Please see Appendices 1 and 2 for notification of paternity leave forms. You will be asked to provide the following information:-

- the week in which the baby is due or when the child is expected to be placed with you for adoption;
- whether you wish to take one or two weeks' leave;
- The date on which you would like your leave to commence.

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Once you have provided your initial notification, you may change the date on which you wish your ordinary paternity leave to commence. You should, where practicable, give the Human Resources' Department 28 days' notice of any change.

4. Flexible Working

Weightlifting Wales recognises that you may wish to work flexibly on your return to work from your paternity leave, or that you may wish to arrange some sort of phased return. Please see Wales Weightlifting Federation Ltd's Flexible Working Policy for more information about this.

APPENDIX 1 - NOTIFICATION OF PATERNITY LEAVE (BIRTH)

NAME:

NI NUMBER:

Please accept this form as notification that I intend to take paternity leave.

The expected week of childbirth of the baby is or If the baby has been born please confirm the date of birth

I **have / do not have** (delete as appropriate) at least 26 weeks continuous service as at the end of the 15th week before the expected week of childbirth.

I would like my paternity leave to start on:

(Must be within 56 days of the birth of the child)

I want to be away from work for **one/two** (delete as appropriate) weeks.

DECLARATION

I declare that:

- I am either
 - The baby's biological father, or
 - married to or the civil partner of the mother, or
 - living with the mother in an enduring family relationship, but not an immediate relative
- And, I will have responsibility for the child's upbringing
- And, I will be taking time off work to support the mother or care for the child.

In signing this form you verify that the information given is correct.

Signed:

Dated:

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APPENDIX 2 - NOTIFICATION OF PATERNITY LEAVE (ADOPTION)

NAME:

NI NUMBER:

Please accept this form as notification that I intend to take paternity leave.

The date we received confirmation from the adoption agency that my partner / spouse had been matched with the child:

The expected date of placement of the child is**or**

If the child has been placed already please confirm the date of placement

I **have / do not have** (delete as appropriate) at least 26 weeks continuous service ending with the week in which the person adopting the child was notified of having been matched with the child.

I would like my paternity leave to start on:

(Must be within 56 days of the date of placement)

I want to be away from work for **one/two** (delete as appropriate) weeks.

DECLARATION

I declare that:

I am adopting the child with my partner and I want to receive Statutory Paternity Pay and paternity leave not Statutory Adoption Pay and adoption leave.

- I am either
 - married to or the civil partner of the person adopting the child, or
 - living with the person adopting the child in an enduring family relationship, but not an immediate relative

- And, I will have responsibility for the child's upbringing

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➤ And, I will be taking time off work to support the person adopting the child or care for the child.

➤

In signing this form you verify that the information given is correct.

Signed:

Dated: