



# Paternity Policy

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|----------------------------|---------------------------------|
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| <b>Person Responsible:</b> | <b>Human Resources Director</b> |

## **Our Christian Ethos and Values**

All policies within the Diocese of Norwich Education and Academies Trust (hereafter referred to as “the Trust”), whether relating to an individual academy or the whole Trust, will be written and implemented in line with our Christian ethos and values.

We have high ambition for all, and we truly value the wider educational experience.

We walk and talk our Christian values. We put people at the centre of the organisation and want to see them flourish and grow. Our schools are inclusive, welcoming those of all faiths and none.

## **Overall accountabilities and roles**

The Trust has overall accountability for all its academies and staff. Through a Scheme of Delegation it sets out the responsibilities of the Trust, its Executive Officers, the Local Governance Committee and the Principal / Headteacher. The Principal / Headteacher of each academy is responsible for the implementation of all policies of the Trust.

All employees of the Trust are subject to the Trust’s policies.

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## **1. Introduction**

- 1.1 This policy applies to all employees of the Trust who are expectant fathers, partners of mothers and adopters.

## **2. Policy**

- 2.1 This policy sets out the rights of Trust employees to paternity leave and pay in accordance with national, local and statutory conditions of service. Nothing in the provisions shall be construed as providing rights less favourable than statutory rights.
- 2.2 This policy aims to support managing family-related leave effectively and consistently, to ensure a fair and transparent approach across the Trust.
- 2.3 The Trust is committed to establishing an inclusive environment where employees feel supported. The Trust recognises that helping new parents to feel supported in the workplace is an important part of this.

## **3. Principles**

- 3.1 An employee who is the child's father or is the partner or nominated carer of an expectant mother or adopter, may be permitted to take paid paternity leave at or around the time of the birth in accordance with the local conditions of service and the Trust's Paternity Leave policy.
- 3.2 Around or after the time of the birth, requests by the child's father or the partner or nominated carer of an expectant mother/adopter for flexible working arrangements are treated sympathetically.

## **4. Eligibility for occupational Paternity Leave**

- 4.1 To be eligible, you must expect to have some responsibility for the child's upbringing and be the:
- Child's biological father
  - Partner of the person having a baby (including same-sex partner)
  - Child's adopter, or the partner of the child's adopter
  - Intended parent (if you are having a baby through surrogacy)
  - Person who a child is placed with under a fostering for adoption arrangement by the local authority or the partner of the person who a child is placed with.

## **5. Entitlement**

- 5.1 The minimum paternity leave will be determined in accordance with the statutory requirements in place at the time.
- 5.2 Paternity leave is not available if the employee has taken any Shared Parental Leave in respect of the child.
- 5.3 The entitlement is up to two weeks (as one single period of one or two weeks or as two non-consecutive periods of leave of a week each) paid leave, to be taken within 52 weeks of the birth date or the date on which the child is placed with the adopter.

- 5.4 An employee can take their statutory paternity leave at any time in the first 52 weeks after the birth or when the child is placed with the adopter. They cannot start statutory paternity leave before the birth.
- 5.5 If a child is born earlier than expected, paternity leave must be taken within 52 weeks of the date of birth.

## **5. Notification of Paternity Leave (Birth)**

- 5.1 If an employee wishes to take Paternity Leave in relation to a child's birth, the employee must use the application form in Appendix 1 to give their Headteacher/line manager notice in writing of their intention to do so and confirm:
- The expected week of Childbirth
  - Whether they intend to take one week's leave or two consecutive weeks' leave
  - Where they would like to start the leave:
    - The day of the child's birth
    - A day which is a specified number of days after the child's birth
    - A specific date later than the first date of the Expected Week of Childbirth.
- 5.2 The employee must give notice using the application form in Appendix 1 before the 14<sup>th</sup> week prior to the Expected Week of Childbirth (or as soon as possible after).
- 5.3 The employee must also provide a copy of the MATB1 form with their application for paternity leave.
- 5.4 If the employee wants to change the start date of their paternity leave, they must give written notice at least 28 days before the date the leave is due to start.
- 5.5 When it is not possible to give the required written notice, for example when a child arrives late or early, the employee should inform their line manager as soon as reasonably practicable as to any date changes that may occur.
- 5.6 Paternity leave cannot commence before the baby is born.

## **6. Notification of paternity leave (Adoption)**

- 6.1 If an employee wishes to take Paternity Leave in relation to the adoption of a child, the employee must use the application form in Appendix 2 to give their Headteacher/line manager notice in writing of their intention to do so and confirm:
- The date on which the adopter was notified of having been matched with the child
  - The date on which the child is expected to be placed with the adopter
  - Whether they intend to take one week's leave or two consecutive week's leave
  - When they want their leave to start.
- 6.2 The employee must give notice using the application form in Appendix 2 within seven days of the date on which the adopter is notified of their match with the child or as soon as is reasonably practical.
- 6.3 If the employee wants to change the start date of their paternity leave, they must give written notice at least 28 days before the date the leave is due to start.

- 6.4 When it is not possible to give the required written notice, for example when an adoption is brought forward or delayed, the employee should inform their line manager as soon as reasonably practicable as to any date changes that may occur.
- 6.5 The employee must have received notification that the adoption has been approved by the relevant UK authority (official notification).

## **7. Paternity Pay**

- 7.1 Employees who are expectant fathers or partners of mothers and adopters are eligible to take up to two weeks' leave which is paid at full pay (pro rata for less than full time employment), regardless of their length of service.

## **8. Employment rights during leave**

- 8.1 An employee who takes paternity has the right not to be dismissed or subjected to any other detriment by reason of taking the leave.
- 8.2 Continuous service will continue to accrue during paternity leave for, teaching and non-teaching school-based employees and those within the Central Team.
- 8.3 During paternity leave an employee has a statutory right to continue to benefit from all the terms and conditions of employment which would have applied to them had they been at work, except for the terms relating to wages or salary.
- 8.4 An employee who has exercised their right to take paternity leave usually has the right to return to the same job that they were employed to do immediately prior to taking the leave

## **9. Informing HR/Payroll**

- 9.1 Once in receipt of the relevant application form, the Headteacher/line manager should retain the original signed copy on the employee's personnel file and send a copy of the completed form to their HR Officer to be processed.
- 9.2 Sections A to C are to be completed by the employee. Section D is to be completed by the Headteacher/line manager and must be signed by them, to enable processing.

## APPENDIX 1 – Paternity (Birth) Application Form

The form should be completed by the employee wishing to apply for paternity leave.

| Section A – Employee Details (to be completed by the employee) |  |
|----------------------------------------------------------------|--|
| Name                                                           |  |
| Address                                                        |  |
| Name of Academy/Federation                                     |  |
| Job Title                                                      |  |

| Section B – Application for Paternity Leave                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I [insert name] _____ confirm that I meet the qualifying conditions for paternity leave in that I: (please tick)                                                                                                                                                                                                                                                                                   |  |
| Wish to take paternity leave to care for the child and/or support the child's mother                                                                                                                                                                                                                                                                                                               |  |
| Will be responsible for the child's upbringing (apart from the mother)                                                                                                                                                                                                                                                                                                                             |  |
| I am either: <ul style="list-style-type: none"><li>• the biological father of the child; or</li><li>• not the biological father, but the spouse or civil partner of the child's mother; or</li><li>• not the biological father, but living with the child's mother in an enduring family relationship and am NOT the child's mothers parent, grandparent, sister, brother, aunt or uncle</li></ul> |  |
| The mother has received a medical certificate confirming the EWC (i.e. MATB1 Form) and the expected EWC is:                                                                                                                                                                                                                                                                                        |  |
| Expected Week of Childbirth:                                                                                                                                                                                                                                                                                                                                                                       |  |
| Actual Date of Birth:                                                                                                                                                                                                                                                                                                                                                                              |  |
| I would like to take:                                                                                                                                                                                                                                                                                                                                                                              |  |
| One week                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Two consecutive weeks                                                                                                                                                                                                                                                                                                                                                                              |  |
| I would like my paternity leave to start (please select and, where necessary, complete one of the following)                                                                                                                                                                                                                                                                                       |  |
| On the date of the birth                                                                                                                                                                                                                                                                                                                                                                           |  |
| _____ [insert number] days after the birth                                                                                                                                                                                                                                                                                                                                                         |  |
| On _____ [insert date] (note that this date must be later than the expected week of childbirth)                                                                                                                                                                                                                                                                                                    |  |

**Section C – Declaration (please tick)**

I understand that I must provide 28 days written notice if I wish to change the start date of my paternity leave.

I understand that my paternity leave must be taken within 52 weeks of the date of birth (except where the child is born earlier than the EWC).

I understand that paternity leave is not available if, in birth cases, I have taken any shared parental leave in respect of the child.

All of the information I have provided on this form is accurate

**Employee Signature**

**Date**

**Print Name**

**Section D – Authorisation (to be completed by line manager/Headteacher) (please tick)**

I authorise the paternity leave and pay as detailed above.

**Signature**

**Date**

**Print Name**

**This form should be retained on the employee's personnel file with a copy given to the HR team for payroll processing**

## APPENDIX 2 – Paternity (Adoption) Application Form

The form should be completed by the employee wishing to apply for paternity leave.

| Section A – Employee Details (to be completed by the employee) |  |
|----------------------------------------------------------------|--|
| Name                                                           |  |
| Address                                                        |  |
| Name of Academy/Federation                                     |  |
| Job Title                                                      |  |

| Section B – Application for Paternity Leave                                                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I [insert name] _____ confirm that I meet the qualifying conditions for paternity leave in that I: (please tick)                                                                                                                                                                                                                                           |  |
| Wish to take paternity leave to care for the child and/or support the child's adopter                                                                                                                                                                                                                                                                      |  |
| Will have or expect to have the main responsibility (apart from the responsibility of the child's adopter) for the child's upbringing                                                                                                                                                                                                                      |  |
| I am either: <ul style="list-style-type: none"><li>• the spouse of the adopter; or</li><li>• the civil partner of the adopter; or</li><li>• partner living with the child's adopter in an enduring relationship and am NOT the child's mothers parent, grandparent, sister, brother, aunt or uncle</li></ul>                                               |  |
| <b>I understand that, for the purposes of exercising my right to take paternity leave, the "adopter" of a child is either the person who has been matched with the child for adoption or, where two people have been matched jointly, whichever of them has elected to be the child's adopter for the purposes of taking adoption and paternity leave.</b> |  |
| The adopter was notified that they had been matched for adoption with _____ [name of child, if known] on _____ [date]                                                                                                                                                                                                                                      |  |
| _____ [name of child] [is expected to be OR was] (please delete as appropriate) placed with the adopter on _____ [insert date]                                                                                                                                                                                                                             |  |
| Actual Date of Birth:                                                                                                                                                                                                                                                                                                                                      |  |
| <b>I would like to take:</b>                                                                                                                                                                                                                                                                                                                               |  |
| One week                                                                                                                                                                                                                                                                                                                                                   |  |
| Two consecutive weeks                                                                                                                                                                                                                                                                                                                                      |  |
| <b>I would like my paternity leave to start (please select and, where necessary, complete one of the following)</b>                                                                                                                                                                                                                                        |  |
| On the date on which the child is placed with the adopter                                                                                                                                                                                                                                                                                                  |  |
| _____ [insert number] days after the date on which the child is placed with the adopter                                                                                                                                                                                                                                                                    |  |
| On _____ [insert date] (note that this date must be later than the date on which the child is expected to be placed with the adopter)                                                                                                                                                                                                                      |  |



| Section C – Confirmation                                                                                                                                                                                                                                                                                                                                                                                                              |  |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| I understand that I must provide 28 days written notice if I wish to change the start date of my paternity leave.                                                                                                                                                                                                                                                                                                                     |  |      |  |
| I understand that my paternity leave must be taken within 52 weeks of the date on which the child is placed with the adopter                                                                                                                                                                                                                                                                                                          |  |      |  |
| I understand that paternity leave is not available if, in adoption cases, I have taken any shared parental leave in respect of the child, taken paid time off to attend adoption appointments in respect of that child, or they have already taken paternity leave in relation to the child as a result of the child being placed with a prospective adopter who at the time of the placement was my spouse, civil partner or partner |  |      |  |
| All of the information I have provided on this form is accurate                                                                                                                                                                                                                                                                                                                                                                       |  |      |  |
| Employee Signature                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Date |  |
| Print Name                                                                                                                                                                                                                                                                                                                                                                                                                            |  |      |  |

| Section D – Authorisation (to be completed by line manager/Headteacher) (please tick) |  |      |  |
|---------------------------------------------------------------------------------------|--|------|--|
| I authorise the paternity leave and pay as detailed above.                            |  |      |  |
| Signature                                                                             |  | Date |  |
| Print Name                                                                            |  |      |  |

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|-------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>This form should be retained on the employee's personnel file with a copy given to the HR team for payroll processing</b></p> |
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