GOVERNMENT OF SAINT LUCIA

Paternity Leave Application Form

1. Applicant's Details

Ministry/Department:	
	First Name:
Other name(s):	NIC Number:
Present Position/Grade	
Home Address:	
Contact Telephone No:	
I would like my Paternity Leave to start on:	and end on:
take the time off to provide support to the Signature:	
2B. To be completed by Spouse/Mot	
Surname: Telephone No:	
*	Tite number.
	as stated in Section 2A above is the father of my unborn child f the Expected/Actual Date of Confinement Certificate/Final Adoption
Signature	Date
s	
3. FOR OFFICIAL USE ONLY	
Head of Department/Unit	Date
Permanent Secretary of the Ministry	Date
Permanent Secretary, Ministry of Public S	Service Date
Actual Date of Birth	DD/MM/YYYY
Actual Date Paternity Leave Commenced	DD/ MN/ YYYY
Approved on:	DD/ MM/ YYYY

Additional Information:-

In addition to the Collective Agreements signed between the Government of Saint Lucia and the respective Bargaining Unions/Associations, which guide **Paternity Leave Application**, the following should also be considered:-

- 1. Only one instance of Paternity Leave of five (5) days duration will be granted in any calendar year.
- Application for paternity leave must be submitted to Head of Section/Permanent Secretary with a copy of the
 Mother's Expected/Actual Date of Confinement Certificate at least four weeks before the expected date of
 confinement, and in the case of an adoption, four weeks before the commencement of the Paternity Leave.

Exceptions:-

Exceptions may be granted in instances where the birth of the child is premature or there is a miscarriage. In such instances documentation from the attending physician or hospital must accompany the application; and the timeframe quoted in 2 above may be different for submission purposes.