Employer Certificate for Paternity Benefit

8A6377A0

Social Welfare Services
PB 2
Data Classification R

If you are **employed**, your employer must complete this form to certify you are entitled to paternity leave for the dates provided.

Note: If an employee is applying for paternity leave before their baby is born, they should supply the expected due date of their baby. Otherwise, the baby's date of birth can be provided.

PPSN of employee:

Name of employee:

Expected due date of baby:
D D M M Y Y Y Y

or

Child's date of birth:
D D M M Y Y Y Y

Paternity Leave Start Date: From:
D D M M Y Y Y Y

Paternity Leave End Date: To:
D D M M Y Y Y Y

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Paternity Benefit payments will be made directly to you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Account Name(s):

F3C7F17D

Employer's Contact Details

Employer's Registered number:

Name:

Address:

County

Postcode

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

Employer Declaration

I/We certify that the employee is entitled to the period of paternity leave stated above.

Signature (**not** block letters)

Your name (**IN** BLOCK LETTERS)

Position in company or organisation

Employer's official stamp

Date of Certification: D D M M 2 0 Y Y Y Y

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.