

**Parental leave form 3 – for notification of taking deferred leave****MOTHER and FATHER****1. Personal information****Year of childbirth:**

Name		
Civil reg. no.		
Job title		
Place of employment		
Telephone no.	Work:	Private:
Email:	Work:	Private:

**2. Taking deferred leave**

I will take _____ weeks of deferred leave with pay <b>in accordance with law</b>	Period: _____ - _____
I will take _____ weeks of deferred leave without pay <b>in accordance with law</b>	Period: _____ - _____
I will take _____ weeks of deferred leave with pay <b>in accordance with agreement</b>	Period: _____ - _____
I will take _____ weeks of deferred leave without pay <b>in accordance with agreement</b>	Period: _____ - _____

**2.1 Partial resumption of work during deferred leave in accordance with agreement (subject to agreement with immediate superior)**

I wish to resume work partially with an extension of the leave for _____ weeks. Of these weeks, _____ should be with pay.										
I wish to resume work partially without an extension of the leave for _____ weeks. Of these weeks, _____ should be with pay.										
Hours per week _____ prior to partial resumption of work					Hours per week _____ during partial resumption of work					
Period: _____ - _____										
New working hours per week	Monday		Tuesday		Wednesday		Thursday		Friday	
	Hours	Min- utes	Hours	Min- utes	Hours	Min- utes	Hours	Min- utes	Hours	Min- utes

**3. Signatures**

I hereby confirm – solemnly and sincerely – that I meet the employment requirement of the Act on Entitlement to Leave and Benefits in the Event of Childbirth \*), which means that the university is entitled to a daily benefit refund during my paid leave.

\*) You must be employed either on the day before absence or on the first day of absence and for at least 160 hours within the last four completed calendar months prior to the period of absence, and for at least three of these months you must have been employed at least 40 hours every month. The employment requirement can be met by other means – see section 27 of the Act on Entitlement to Leave and Benefits in the Event of Childbirth (Barselsloven).

Staff member		
	Date	Signature

**3.1**

Immediate superior		
	Date	Name and signature

Please enclose documentation of the deferred leave – in the form of either:

- a letter confirming receipt from the university  
 an agreement from another employer

**Print og sign**