



## Parental leave when the other parent is not covered by Danish social security legislation

### Form 2 – MOTHER Maternity leave and parental leave

#### 1. Personal information

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

#### 2. Actual date of birth

The child is born on	Date: _____
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#### 3. Maternity leave (the first 14 weeks after childbirth)

I will take all 14 weeks of leave (please tick) (calculated from the day <u>after</u> your child is born)		Period: _____ - _____
I will take less than 14 weeks of leave (number of weeks)		Period: _____ - _____
Subject to agreement with my immediate superior, I will resume work partially (please tick and complete item 4.1).		Period: _____ - _____

#### 4. Parental leave (from week 15 onwards)

*Foreign nationals living and working in Denmark are covered by the Danish social security legislation. If the other parent is not covered by the Danish social security legislation the parental leave will vary depending on whether the parents are living together and whether the child is living with the parents.*

##### A. I am NOT living with the other parent (the child's father/non-birth mother)

**The child is living with me full-time**  
*You are entitled to 32 weeks of parental leave.*

I will take ____ weeks of leave <b>with pay</b> – no more than 6 weeks	Period: _____ - _____
I will take ____ of the shared weeks of leave <b>with pay</b>	Period: _____ - _____
I will take ____ weeks of leave <b>with daily benefits</b>	Period: _____ - _____

**The child is NOT living with me**  
*You are entitled to 16 weeks of parental leave if the leave is spent together with the child.*

I will take ____ weeks of leave <b>with pay</b> – no more than 6 weeks	Period: _____ - _____
I will take ____ of the shared weeks of leave <b>with pay</b>	Period: _____ - _____
I will take ____ weeks of leave <b>with daily benefits</b>	Period: _____ - _____

**B. I am living with the other parent (the child's father/non-birth mother) and the child**

You are entitled to 16 weeks of parental leave.

I will take ____ weeks of leave <b>with pay</b> – no more than 6 weeks	Period: _____ - _____
I will take ____ of the shared weeks of leave <b>with pay</b>	Period: _____ - _____
I will take ____ weeks of leave <b>with daily benefits</b>	Period: _____ - _____
<i>If you can prove that between the 14th and 46th weeks after the child's birth the other parent receives a public benefit during the parental leave for a period shorter than 16 weeks you are entitled to up to 32 weeks of parental leave. However, the parent's total parental leave with public benefits cannot exceed 32 weeks.</i>	
I will take ____ weeks of leave <b>with pay</b> – no more than 6 weeks	Period: _____ - _____
I will take ____ of the shared weeks of leave <b>with pay</b>	Period: _____ - _____
I will take ____ weeks of leave <b>with daily benefits</b>	Period: _____ - _____

**4.1 Partial resumption of work (subject to agreement with the department head/school head)**

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	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes

**4.2 Extension of daily benefit period**

I will extend my parental leave from 32 weeks to:    40 weeks [ <input type="checkbox"/> ]                      46 weeks [ <input type="checkbox"/> ]
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**4.3 Deferred leave in accordance with law**

I wish to use my <b>right</b> to defer (between 8 and 13 weeks) ____ weeks of my parental leave. Of these weeks, ____ should be with pay. <b>NB!</b> Please note that you are only entitled to pay during your deferred leave if you remain employed at Aarhus University.
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**4.4 Deferred leave in accordance with agreement**

I wish to enter into an agreement to defer ____ of my weeks of parental leave. Of these weeks, ____ should be with pay. <b>NB!</b> Please note that you are only entitled to pay during your deferred leave if you remain employed at Aarhus University. You should also bear in mind that you are only entitled to take your <b>agreed</b> deferred leave while you are still employed at Aarhus University. If you change employer, you are not entitled to take the leave.
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**5. Childcare days**

I will take ____ childcare days in extension of a period of leave.	Period: _____ - _____
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**6. 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 (Barselsoven).

Staff member	_____
	Date                      Signature

**6.1 Signature (must be signed if item 4.1 or 4.4 is completed)**

Immediate superior	_____
	Date                      Name                      and                      signature

