



Parental leave 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)

Is the other parent (father/non-birth mother) a state employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the other parent (father/non-birth mother) covered by Danish social security legislation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>You are automatically covered by Danish social security legislation if you are a Danish citizen. Foreign nationals living and working in Denmark are also covered by the social security legislation in Denmark. If the other parent is not covered by Danish social security legislation please fill out the form "Parental leave when the other parent is not covered by Danish social security legislation (form 2, mother)" instead of this form.</i>	
Mother:	
I will take _____ weeks of leave with pay – no more than 6 weeks	Period: _____ - _____
I will take _____ of the shared weeks of leave with pay <i>If both parents are state employees – no more than 6 weeks in total</i>	Period: _____ - _____
I will take _____ weeks of leave with daily benefits	Period: _____ - _____
Father/non-birth mother:	
He/she will take _____ weeks of leave with pay <i>If he/she is a state employee – no more than 7 weeks</i>	
He/she will take _____ of the shared weeks of leave with pay <i>If both parents are state employees – no more than 6 weeks in total</i>	
He/she will take _____ weeks of leave with daily benefits	
<i>The above number of weeks must be 32 in total unless the benefit period is extended (section 4.2) or the weeks deferred (section 4.3 and 4.4).</i>	

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

We wish to extend the parental leave from 32 weeks to:	40 weeks []	46 weeks []
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4.3 Deferred leave in accordance with law

I wish to use my right to defer (between 8 and 13 weeks) _____ weeks of my parental leave.
Of these weeks, _____ should be with pay.
NB! Please note that you are only entitled to pay during your deferred leave if you remain employed at Aarhus University.

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.
NB! 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 agreed deferred leave while you are still employed at Aarhus University. If you change employer, you are not entitled to take the leave.

5. Childcare days

I will take _____ childcare days in extension of a period of leave.	Period: _____ - _____
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6. Holiday

Any holiday from the holiday year that you have been prevented from taking due to a holiday obstacle must be taken by no later than 31 December in the holiday period. Please indicate here when you would like to take these days of holiday.	Period: _____ - _____
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Holiday rules:

<https://medarbejdere.au.dk/en/administration/hr/holiday/transfer-and-payment-of-any-unused-days-of-holiday-and-special-holidays/>

7. 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

7.1 Signature (must be signed if item 4.1, 4.4 and/or 6 is completed)

Department head/School head	
Date	Signatur

