Employer Certificate for **Paternity Benefit**





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.

If you make any alteration otherwise			_			-				_						nd	dat	e th	em	
PPSN of employee:																				
Name of employee:																				
Expected due date of baby:	D	D		М	М		Y	Y	Y	Y										
or Child's date of birth:																				
Paternity Leave From:	D	D		M	M]	Y	Y	Y	Y]									
Start Date:	D	D	1	M	M	,	Y	Y	Y	Y	1									
Paternity Leave To: End Date:	D	D		M	M		Y	Y	Y	Y										
Emp	loy	er	's	Pa	yn	nei	nt I	Иe	th	od	De	eta	ils							
Note: This section should or payments will be made direct	-			olet	ed i	f yo	ur e	mpl	oye	e h	as a	auth	oris	ed i	that	Pat	ern	ity E	3ene	efit
		F	ina	ano	cia	l Ir	nst	itu	tic	n										
Note: You will find the followinstitution.	wing	g de	etail	s re	qui	red	belo	ow p	orin	ted	on	stat	em	ent	s fro	om y	/oui	r fin	anc	ial
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):															1					
. ,																	I	1		
Account Name(s):											<u></u>			<u></u>	<u> </u>					

	p	,,,,,	, 61	3	U	1100	acı	. ב	Employer 3 Contact Details												
Employer's Registered number:																					
Name:																					
Address:																					
County											ode										
Employer's telephone			<u> </u>]	Pos	tcod	e		M	0	ВІ	l F				
number:			<u> </u>		<u> </u>					<u> </u>] 1							
														L	Ar	ע וי	LI	NE			
Employer's email address:			<u> </u>																		
	E	mp	loy	/er	D	ecl	ar	ati	on												
We certify that the employe	e is eı	ntitle	ed t	o th	ne p	erio	od o	of p	ate	rnit	y le	ave	e st	ate	d ak	ov	e.				
	Employer's official stam													np							
Signature (not block letters)						_															
Your name (IN BLOCK LETTERS)																				
						\neg															
Position in company or organisa	ition									_											
Date of Certification:																					
If you make any alterations after you complete the form, you must initial and date them													ſ								
otherwise the information supplied cannot be accepted.																					

Employer's Contact Details

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

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.