Ateneo de Manila University

Human Resource Management Office

**PATERNITY NOTIFICATION FORM**

Employee Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position Title / Rank:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Unit / Dept: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Personnel Category:  **[ ]**  Faculty  **[ ]**  Staff **[ ]**  Professional  **[ ]**  Admin. Officer

Wife's Name: First Name  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Maiden Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to notify my employer that my wife is pregnant and is expected to

give birth on (due date) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. This will be her

**[ ]** first **[ ]** second **[ ]** third **[ ]** fourth **[ ] \_\_\_\_\_\_\_\_\_\_\_** delivery

(counting all childbirths and miscarriages).

As supporting document(s). I have attached:

**[ ]** photocopy of marriage contract (only for the Initial Notification)

**[ ]** physician's certification as to expected date of delivery

I certify on my honor that the foregoing information is true and correct, and

that I am providing such information for the purpose of securing eligibility for

Paternity Leave Benefit as provided under R.A. No. 8187.

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Employee Date

Endorsed by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor

Noted by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Unit Head