



College of Medicine & Dentistry at the Hills, Abbottabad

Policy on Maternity, Paternity and Parental Leaves



FOR THE YEAR 2025-26

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1. Purpose

This policy has been developed to provide clear, supportive, and legally compliant guidance on maternity, paternity, and parental leaves. Our aim is to help employees manage an important life event with peace of mind and return to work smoothly and confidently.

2. Policy Statement

The institution recognizes that childbirth, adoption, and early childcare are significant personal responsibilities. In line with provincial laws — such as the Punjab Maternity Leave Rules and other relevant government regulations — we are committed to offering paid leave to eligible employees.

Our policy ensures fairness, job protection, and a supportive work environment for all.

3. Key Definitions

- **Confirmed Employee:** An employee who has successfully completed probation
- **Continuous Service:** Uninterrupted employment from the date of joining
- **Expected Date of Confinement (EDC):** The expected childbirth date, confirmed by a registered medical practitioner
- **Medical Termination of Pregnancy (MTP):** A legally performed procedure resulting in miscarriage

4. Leave Types and Eligibility

4.1 Maternity Leave

- **Who is eligible:** Female employees who are confirmed and have completed at least **six (6) months of continuous service**.
- **Duration: 90 days (3 months)** of fully paid leave, expendable to six months as per case.
- **When leave can start:** Up to **6 weeks before** the expected delivery date. Any unused prenatal leave cannot be carried forward.
- **How to apply:**
 1. Notify the Head of Your Department (HOD) and Human Resource Section (HR) by the **fifth month of pregnancy**.
 2. Submit the **Maternity Leave Application Form (HR-F-008A)** at least six weeks before the planned date of commencement.
 3. Attach a medical certificate confirming pregnancy and EDC.

4.2 Leave for Medical Termination of Pregnancy (MTP)

- **Eligibility:** Same as maternity leave
- **Duration: 6 weeks** of fully paid - leave with a relevant medical certificate

4.3 Paternity Leave

- **Who is eligible:** Confirmed male employees who have completed at least **six (6) months of service**
- **Duration: 7 working days** of fully paid leave
- **Timing:** Must be taken within **one month** of the child's birth
- **How to apply:** Submit the **Paternity Leave Application Form (HR-F-008B)** with either the birth certificate or a hospital-confirmation slip

4.4 Parental Leave (Adoption or Surrogacy)

- **Eligibility:** Confirmed employees (male or female) with at least **one year of continuous service** who adopt a child under one year of age or welcome a child via surrogacy
- **Duration: 30 days** of fully paid leave
- **Timing:** Should be taken within **two months** of adoption or placement

- **How to apply:** Submit the **Parental Leave Application Form (HR-F-008C)** with legal proof of adoption or surrogacy

5. Leave Application Process

1. **Notify Early:** Inform the Head of your Department (HOD) and Human Resource Section HR as early as possible.
2. **Submit Application:** Fill out the relevant leave form and submit it within the required timeline.
3. **Attach Documents:** Provide medical certificates, birth certificates, or legal papers as needed.
4. **HR Review:** HR will review eligibility and issue an official **Leave Granting Letter**.
5. **Complete Handover:** Employees must hand over duties properly before proceeding on leave of absence.

6. Returning to Work

- Employees are expected to resume work on the date mentioned in the Leave Granting Letter.
- A voluntary “**Keep-in-Touch (KIT)**” day may be arranged to help ease back into routine.
- Employees will return to their original position or an equivalent role with the same terms.
- Nursing mothers will be provided with suitable private space and break times in accordance with the law.

7. If an Employee is Not Eligible

Employees who do not meet the required service criteria may, with approval of the Management request:

- unpaid leave, or
- use of annual/earned leave (with management approval).

8. Confidentiality

All personal and medical information related to pregnancy, childbirth, adoption, or surrogacy will be kept strictly confidential by HR and Management.

Attachments:

- HR-F-008A: Maternity Leave Application
- HR-F-008B: Paternity Leave Application
- HR-F-008C: Parental Leave Application

HR-F-008A: Application for Maternity Leave

Section A: Employee Information

Field	Details
Full name:	
Employee's identity number :	
Designation & department:	
Date of joining:	
Personal contact number:	
Email address:	

Section B: Maternity Leave Details

Field	Details
Expected date of confinement (EDC):	
Proposed start date of leave of absence:	<i>(May begin up to 6 weeks before EDC)</i>
Date of return to work:	<i>(90 days from leave start date)</i>
Relieved by:	
Designation/Department of relief:	

Section C: Declaration by Employee

I hereby apply for **90 days of paid maternity leave** in accordance with institutional policy and applicable government regulations. I confirm that:

- I have completed my probation period.
- I have served at least six months continuously before applying.
- I will submit the required medical certificate.
- I will ensure a complete handover of duties before my absence begins.

Employee Signature:	Date:
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Section D: Medical Certification

(To be completed by a registered medical practitioner)

This is to certify that **Mrs. [Name]**, employee identity number [_____], is under my medical care.

Her **expected date of confinement (EDC)** is: _____.

Her current health status is satisfactory, and she is fit to continue duties until:

_____.

Doctor's Name:	
PMDC registration no.:	
Stamp & Signature:	Date:
Clinic/Hospital Address:	

Section E: For Office Use Only

Recommendation by HOD:

Signature: _____ Date: _____

Processed & approval by HR:

Signature: _____ Date: _____

Official Leave Grant Letter Issued: Yes (Reference : _____)

Duration of leave of absence approved: From _____ to _____

HR-F-008B: Application for Paternity Leave

(Submit within 1 month of the child's birth)

Section A: Employee Information

Field	Details
Full name:	
Employee identity number:	
Designation & Department:	
Date of joining:	
Personal contact number:	
Email address:	

Section B: Paternity Leave Details

Field	Details
Date of child's birth:	
Intended start of leave of absences:	<i>(Must fall within 1 month of birth)</i>
Date of Return to work:	<i>(7 working days after start date)</i>
Child's name:	
Relieved by:	
Designation/department of relief:	

Section C: Employee Declaration by the Employee

I request **7 working days of paid paternity leave** in accordance with institutional policy.

I confirm that:

- I have completed my probation.
- I have put in more than six months of continuous service.
- I will provide proof of the child's birth.
- I will complete a proper handover before proceeding on leave of absence.

Signature of Employee Date:



Section D: Proof of Birth

(Attach any one of the following documents)

- Child's birth certificate
- Certificate from the hospital/midwife
- Certificate from the mother's attending physician

Name of Attached Document: _____

Section E: For Office Use Only

Recommendation by HOD:

Signature: _____ Date: _____

Processed & Approval by HR:

Signature: _____ Date: _____

Official Leave Grant Letter Issued: Yes (Reference: _____)

Duration of leave of absence approved: From _____ to _____



HR-F-008C: Application for Parental Leave (Adoption/Surrogacy)

(Submit within 2 months of the child's placement/adoption)

Section A: Employee Information

Field	Details
Full name:	
Employee identity number:	
Designation & department:	
Date of joining:	
Personal contact number:	
Email address:	

Section B: Parental Leave Details

Field	Details
Reason for leave:	<input type="checkbox"/> Adoption <input type="checkbox"/> Surrogacy
Child's full name:	
Child's date of birth and date of placement:	
Date of start of leave of absence:	<i>(Must be within 2 months of placement)</i>
Date of Return to work:	<i>(30 days from start date)</i>
Relieved by:	
Designation/department of relief:	

Section C: Employee Declaration

I request **30 days of paid parental leave** associated with the adoption/surrogacy of my child.
I confirm that:

- I have completed one full year of continuous service.
- The adopted/placed child is under one year of age.
- I will submit the required legal documents.
- I will ensure a proper handover before my absence begins.

Signature of employee : Date:

Section D: Required Legal Documentation

(Attach the relevant document)

- Legal adoption order
- Surrogacy agreement with legal verification
- Birth certificate naming the applicant as the parent

Name of attached documents: _____

Section E: For Office Use Only

Recommendation by HOD:

Signature: _____ Date: _____

Processed & Approval by HR:

Signature: _____ Date: _____

Official Leave Grant Letter Issued: Yes (Reference No.: _____)

Duration of leave of absence approved: From _____ to _____
