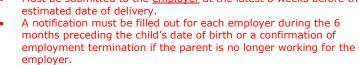
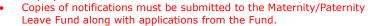
Notification of maternity/paternity leave arrangement









Documents may be submitted to the e-mail address: <u>faedingarorlof@vmst.is</u>, and by post to Fæðingarorlofssjóður Strandgötu 1, 530 Hvammstanga - or to the nearest Vinnumálastofnun office.

Name of applicant Name of employer (company and/or self-employed)							National ID number National ID number of employer		
i. Percentage of	employme	nt (%)	with the current	employer du	ıring t	he six	months p	receding the birt	
Month of birth 2nd month			3rd month	4th month 5th		5th m	onth	6th month	
. Maternity/pate	ernity leave	e: 							
☐ Due to birth of child ☐ D			IIA TO DRIMARY AGONTION			Due to receipt of a child in permanent er care			
Extension for multiple birth. Number of children			☐ Directly following a miscarriage after 18 weeks of pregnancy		age		Directly following a stillbirth after 22 weeks of pregnancy		
7. Starting date of maternity/pate Shall be the date of the child's birth			rnity leave: Shall be the estimated date of delivery			Shall be another date. From:			
_		-	r leave – Arrange ave shall be take		tinuous	s perio	d (100%	maternity/paternit	
From			for months.						
			OR						
			ve shall be distribu concurrent or with					eriods or distribute	
Arranger	ment:								
maternity leave for expires when the prior to the estim	or at least the child has reated date of	ne first i ached t deliver	two weeks after th the age of 24 mon	e birth of her o	child. T	he righ	t to mater	A mother shall tak nity/paternity leav in up to one mont	
9. Date and signa	iture of app i	iicant							
10. Date and sign	nature of em	ployer	(if applicable)						
_		-							