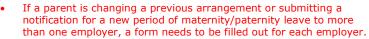
## Changes or new period of maternity/paternity leave arrangement







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

| 1. Name of applicant   |  | National ID number             |
|--|--|--------------------------------|
| 2. Name of employer (company and/or self-emp   | ployed)                                  | National ID number of employer |
| 3. Estimated date of delivery (if applicable)  | 4. Child's date of birth (if applicable) |                                |
| 5. Duration of maternity/paternity leave –   | Arrangement:                             |                                |
| Changes to maternity/p   | aternity leave arran                     | gement:                        |
| I intended to take maternity/paternity leave:  |  |                                |
| I wish to postpone taking the leave and to annour  | nce the arrangement a                    | at a later date:               |
| •  | ernity/paternity lea                     |                                |
| New period of maternity/paternity leave from:  | to                                       | :                              |
| Maternity/paternity leave must be taken for a minimum maternity/paternity leave expires when the child has rea |  |                                |
| 6. Date and signature of applicant   |  |                                |
| 7. Date and signature of <b>employer</b> (if applicable)   |  |                                |