

## Surrender of shared maternity/paternity leave entitlement



Documentation may be returned to the e-mail address:  
[faedingarorlof@vmst.is](mailto:faedingarorlof@vmst.is), and by post to Fæðingarorlofssjóður  
Strandgötu 1, 530 Hvammstanga - or to the nearest  
Vinnumálastofnun Service Centre.

I, the undersigned, do hereby surrender my entitlement to shared  
maternity/paternity leave to

Name \_\_\_\_\_ ID no.: \_\_\_\_\_  
Name of the individual to whom the entitlement right is surrendered

Number of days/months that are being surrendered \_\_\_\_\_

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature and ID number of the individual who surrenders the shared maternity/paternity leave entitlement

**Note that the person to whom the shared maternity/paternity leave entitlement is  
surrendered must submit a notice of maternity/paternity leave**