



You can also file the application and related documentation online: www.kela.fi/english.



Send the application and any supporting documents by mail. The address is Kela, PL 26, 00056 KELA.

When to apply: Apply for compensation within two years from the beginning of the calendar month for which compensation is applied for when the application concerns annual leave costs accumulated during a special pregnancy, pregnancy or parental leave. Apply for family leave compensation within two years of the start of the pregnancy allowance period or the start of the parental allowance period for an adoptive parent.

Kela will not process the application for compensation for annual leave costs until after the end of the parental allowance period.

1. Employee

Personal identity code

Family name and given name

2. Application

The application concerns

☐ compensation for annual leave costs

☐ compensation for family leave costs

3. Annual leave costs

i Apply for compensation for the full calendar months for which annual leave has accrued under law primarily on the basis of parental leaves. Do not apply for compensation for other types of leave, for instance child-care leave. If the absence from work due to parental leaves is not continuous, for instance due to work or annual leave, report more details on the leaves in section 8 Additional information.

Application for compensation for the following period of leave

Amount of holiday pay or holiday compensation, in euros

_____	—	_____
_____	—	_____
_____	—	_____
_____	—	_____

The employee's annual holiday is determined on the basis of the Annual Holidays Act or the Annual Holidays Act for Seamen

☐ Yes

☐ No

4. Compensation for family leave costs

Duration of employment relationship: _____ — _____

The employment relationship is

☐ part-time

☐ full-time

- working hours are at least 80% of the regular working hours of a full-time employee in the industry
- working hours can be temporarily reduced due to for instance child-care leave, partial child-care leave, study leave, partial sickness allowance or partial rehabilitation allowance.

Pay

Wages have been paid for the period of pregnancy leave or parental leave for adoptive parents for the period _____ — _____

i Compensation can be applied for when wages have been paid for at least a month.

5. Employer details and reference number or specification for payment

Business ID

Name

Street address

Postal code

Postal district

☐ Reference number or ☐ specification



In connection with the payment Kela forwards information on the specification to the bank if no reference number has been stated.

To report bank account details, either access the e-service for employers at www.kela.fi/asiointi-tyonantajat (in Finnish) or www.fpa.fi/etjanst-arbetsgivare (in Swedish), or use the form Y 122e.

The account number need only be reported once or when the information changes.

6. Mailing address for the decision (if not the same as in section 5)

Recipient of the decision

Person or unit to which the decision is to be sent

Street address

Postal code

Postal district

7. Person completing the form

Name

Phone number

E-mail

8. Additional information – write the number of the section you are referring to.



State here additional information on the employee's leave of absence. State here if a part-time employee has worked less than 14 days during a calendar month and annual leave accrues on the basis of hours worked.

9. Signature



This application must be signed by the employer or the employer's authorised agent.

I declare that the information given above is true and accurate.

Place and date

Signature and printed name