Shared Parental Leave Form



Notice of Entitlement and Intention to Take Shared Parental Leave

Colleagues with a child due to be born or placed for adoption on or after 5 April 2015 who wish to take shared parental leave (SPL) to share the main caring responsibilities with the other parent/partner **must submit this form** to their manager **at least eight weeks** before the start of the first period of SPL.

Please refer to our Shared Parental Leave Policy for details on eligibility and further information before completing this form.

SECTION 1 - BASIC DETAILS

| Colleague Name: | |
|---|--------|
| Company Start date: | |
| Department: | |
| Site: | |
| Line Manager: | |
| Are you the mother/main adopter of the child or the partner of the mother/main adopter? | YES NO |
| Child's expected date of birth/date of placement for adoption: | |
| Child's actual date of birth/date of placement for adoption (if known): | |
| Start date of mother/main adopter's maternity/ adoption leave (or pay period*): | |
| End date of mother/main adopter's maternity/ adoption leave (or pay period*): | |

* The start and end dates of the statutory maternity/adoption pay or maternity allowance period if the mother/main adopter is not entitled to statutory leave.

SECTION 2 – COLLEAGUE NOTICE OF CURTAILMENT OF MATERNITY/ADOPTION LEAVE

Please complete this section if you are the mother/main adopter. If on maternity leave, this date must be at least two weeks after the birth of your baby (or four weeks if you are employed in factory work). You must give at least eight weeks' notice of your curtailment date.

| I wish my maternity/adoption leave to end of this date: | |
|--|--|
| Signature: | |
| Date signed: | |

SECTION 3 – SHARED PARENTAL LEAVE DETAILS

The total amount available is 52 weeks minus the number of weeks leave/pay already taken by the mother/main adopter according to the dates given in the previous section.

| Total number of weeks SPL available: | |
|--|---|
| Number of weeks SPL you intend to take: | |
| Number of weeks SPL the other parent intends to take: | |
| Indication of start and end dates of SPL you intend to take. | |
| This indication is non-binding. You must submit a formal period of leave notice (up to three) for each period of SPL you wish to request for it to be binding. Complete the section below if you wish your request for any/all of these periods of leave to be treated as a period of leave notice. | |
| Do you wish the dates indicated for the period(s) of leave to constitute a formal (binding) period of leave notice? (delete as appropriate) | YES NO YES, for the following dates only: |

SECTION 4 – SHARED PARENTAL PAY DETAILS

The total amount of shared parental (ShPP) which may be available is 39 weeks minus the number of weeks pay already taken by the mother/main adopter according to the dates given on section 1.

| Total number of weeks ShPP available: | |
|---|--|
| Number of weeks ShPP you intend to claim: | |
| Number of weeks ShPP the other parent intends to claim: | |
| Indication of start and end sates of your ShPP periods: | |

SECTION 5 – COLLEAGUE DECLARATION

I confirm I meet the following conditions:

- I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter
- I have (or share with the other parent) the main responsibility for the care of the child and I am taking SPL in order to care for the child
- I have at least 26 weeks continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the "relevant week")
- I intend to be in continuous employment until the week before any SPL is taken
- I agree to inform the company immediately if I cease to meet the conditions for entitlement to SPL or ShPP

If you are the mother/main adopter:

I have submitted a curtailment of maternity/adoption leave notice by completing section 4 (page 1)

| Signature: | |
|--------------|--|
| Date signed: | |

SECTION 6 – DECLARATION OF OTHER PARENT

| Name: | |
|----------------------------|--|
| Address: | |
| National Insurance Number: | |

I confirm I meet the following conditions:

- I have at least 26 weeks employment (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (know as the "relevant week")
- I have average earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week
- I agree to inform your colleague immediately if I cease to meet the two conditions above
- I consent to your colleague taking SPP and ShPP as set out in sections 2 and 3 (page 1 / 2)

I consent to you processing the information contained in this declaration.

| Signature: | |
|--------------|--|
| Date signed: | |