# Notice of entitlement and intention to take shared parental leave

Employees wishing to take shared parental leave (SPL) to share the main caring responsibilities with the other parent/partner must submit this form to their Manager and HR **at least eight weeks** before the start date of the first period of SLP.

This is the first / second / third (please select) notice.

**Section 1 – Basic Details**

|  |  |
| --- | --- |
| Employee name |  |
| Department |  |
| Continuous service start date  |  |
| 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 - 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. NB the mother is legally required to take the first 2 weeks as leave.

|  |  |
| --- | --- |
| Total number of weeks’ SPL available |  |
| Number of weeks’ SPL you intend to take |  |
| Number of weeks’ SPL the other parent intends to take |  |
| Start and end dates of SPL that you intend to take |  |

**Section 3 – Shared Parental Pay Details**

The total amount of ShPP (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 in 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 dates of you ShPP periods |  |

**Section 4 – Employee notice of curtailment of maternity/adoption leave**

Complete this section if you are the employee named in this notice and you are the mother or main adopter. You must give at least eight weeks’ notice of your curtailment date. If you are entitled to maternity leave the curtailment date must be at least two weeks after the birth of your child.

I wish my maternity/adoption leave to end on………………………….(insert date)

**Section 5 – Employee declaration**

**I confirm that 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
* (If I am claiming ShPP) I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week
* 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 above

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| date |  |

**Section 6 - declaration of other parent**

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

I confirm that I meet the following conditions:

* I have 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 (known as the ‘relevant week’)
* I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week
* I agree to inform your employee immediately if I cease to meet the two conditions above
* I consent to your employee taking SPP and ShPP as set out in Sections 2 and 3 above.

If you are the mother/main adopter

* I have curtailed my maternity leave and pay/adoption leave and pay/maternity allowance or have given notice to my employer confirming when maternity/adoption leave will come to an end. to do so will have done so by the time your employee starts shared parental leave notice to their employer that reduces their maternity/adoption leave,

I consent to you processing the information contained in this declaration

Signed………………………………………. Date……………………………………