Notice of entitlement and intention to take shared parental leave

In order to take shared parental leave (SPL), eligible employees must complete this form and give it to *[delete as appropriate – the HR department/Manager*]. Employees should note that the Company requires at least eight weeks’ notice of an intention to take a period of SPL and employees should bear this in mind to ensure that SPL can be taken. The Company’s shared parental leave policy will provide more information on the operation of SPL.

**Eligibility**

SPL is available to employees who:

* are the mother, father, or main adopter of the child, or the partner of the mother or main adopter (known, in this form, as a parent)
* have (or share with the other parent) the main responsibility for the care of the child
* 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’)
* still be working for the Company into the week before any SPL is taken.

The employee’s partner must also meet a separate eligibility and earnings test in order for the employee to take leave. The partner must have:

* at least 26 weeks’ employment (employed or self-employed) out of the 66 weeks prior to the relevant week and
* average weekly earnings of at least £30 during at least 13 of those weeks.

**Section 1 – Employee details**

|  |  |
| --- | --- |
| **Your name** |  |
| **Your partner’s name** |  |
| **Expected week of childbirth/date of placement for adoption** |  |
| **Actual date of childbirth/date of placement for adoption (if known)** |  |
| **Date maternity/main adopter’s adoption leave (or pay period\*) started or is to start** |  |
| **Date maternity/main adopter’s adoption leave (or pay period\*) ended or is to end** |  |

\* If the mother/main adopter is not entitled to maternity leave/adoption leave, then the dates of the pay periods should be given.

**Section 2 – Employee notice of curtailment of maternity/adoption leave (To be completed by the mother/main adopter)**

I confirm that I intend to curtail my maternity/adoption leave on \_\_\_\_\_\_\_\_\_\_ (insert date).

Note to employee: Please be aware that you are required to give the Company at least eight weeks’ notice of your curtailment date. Curtailment of maternity leave is not permitted to take place in the compulsory maternity leave period ie the two week period immediately after childbirth (or a four weeks period if you work in a factory).

**Section 3 – Non-binding indication of shared parental leave**

Please set out below the number of periods/dates of SPL you intend to take. This indication is not binding and you may change your mind until you submit a formal notice of your intention to take a period of SPL.

The total amount of SPL available to you is 50 weeks if your compulsory maternity leave period is two weeks or 48 weeks if your compulsory maternity leave period is four weeks.

|  |  |  |  |
| --- | --- | --- | --- |
| **Total number of weeks available: …………………..** | | | |
| **Start date** | **End date** | **Who is taking the leave?**  **Mother/main adopter or partner or both?** | **Are you allocating SHPP to this period?**  **If so, how many weeks?** |
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Please continue on a separate sheet if necessary.

**Section 4 – Employee declaration**

I confirm that:

* I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter
* I have been employed by the company for at least 26 weeks’ by the 15th week before the Expected Week of Childbirth/Placement
* I have the main responsibility for caring for the child (along with my partner) and will inform the company immediately of any changes to this
* I am entitled to statutory maternity/adoption leave
* I have returned to work before my maternity/adoption leave has ended OR I commit, in this notice, to ending my maternity/adoption leave early
* (If I am claiming shared parental pay) I have average weekly earnings equal to or above the lower earnings limit over the eight-week period ending with the relevant week.

All of the information provided in this notice is accurate to the best of my knowledge. I am aware that, should I have intentionally provided any misleading information in this notice, this may be considered to be a disciplinary offence. I understand that I must inform the Company if any information I have given in this form changes meaning I am no longer eligible for SPL.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

**Section 5 – Declaration of other parent**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **National Insurance Number** |  |
| **If you have no National Insurance Number, please mark this box to the right** |  |

I confirm that:

* I am one of the following:
  + the father of the child
  + the mother of the child
  + the civil partner of the mother of the child
  + the partner of the mother of the child
* I have worked in Great Britain for at least 26 in the 66 weeks leading up to the expected week of childbirth/placement
* I have earned on average £30 in any 13 of those weeks
* I will have the main responsibility for caring for the child (along with the child’s mother/main adopter)
* I consent to my partner taking the number of weeks’ shared parental leave and pay specified in this notice
* I consent to you processing the information I have provided.

If you are the mother/main adopter:

* I have curtailed my maternity leave and pay/adoption leave and pay/maternity allowance or will have done so by the time your employee starts shared parental leave

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

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |