

SHARED PARENTAL LEAVE - NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE

You can use this form to opt-in to the shared parental leave scheme following the birth of a child or placement of a child for adoption. For further information please see our Shared Parental Leave Policy.

If you are the child's mother or primary adopter you must also submit a signed curtailment notice to bring your maternity/adoption leave and/or pay to an end.

Before completing this form, you should first check that you are eligible to opt-in to shared parental leave, as set out in the Shared Parental Leave Policy.

It will help the Company to process your request if you provide as much information as you can about your request. It is important that you complete all the questions as otherwise your request may not be valid. Once you have completed the form, you should immediately forward it to your Manager and you should keep a copy for your own records.

Name of employee:	
Date the child is due to be born:	
If the child has already been born, please provide the actual date of birth:	
In the case of an adopted child, the date on which the adoption agency told the adopter that they had been matched with the child:	
In the case of an adopted child, the date on which the child is expected to be placed for adoption (or, if the child has already been placed, please provide the actual date of placement):	
Maternity leave (ML) / adoption leave (AL), statutory maternity pay (SMP) / statutory adoption pay (SAP), maternity allowance (MA) start date:	
ML / AL / SMP / SAP / MA end date:	
Total ML / AL / SMP / SAP / MA (weeks):	
Total SPL available (in whole weeks):	

Number of whole weeks' SPL intended to be taken by you:	
Number of whole week's SPL intended to be taken by the other parent:	
Indication of dates you would like to take the shared parental leave (this is non binding until period of leave notice is issued):	
Do you want us to treat this as a period of leave notice? The effect of this is that the dates set out above will become binding (subject to any further period of leave notices being submitted):	YES / NO
Total ShPP available (in whole weeks):	
Number of whole week's ShPP intended to be taken by child's month/main adopter:	
Number of whole week's ShPP intended to be taken by the other parent:	
Indication of dates you would like to take ShPP, if different from the above dates for SPL:	

Employee's Declaration

(Please complete this declaration if you are the employee and intend to take SPL)

Please confirm either:

- I am entitled to statutory maternity leave/statutory adoption leave in relation to the child referred to above. I have submitted a curtailment of maternity leave/adoption leave notice (or will submit it before the person I am sharing SPL with takes SPL and at least eight weeks before the first date on which I intend to take SPL); and
- The individual who has completed the declaration below is the other parent of the child for the purposes of SPL. (**Parent** is defined as: one of two people who will share the main responsibility for the child's upbringing (either the mother, father or mother's Partner)).

OR

- I am the child's father or the child's mother's partner and the individual completing the declaration below is the other parent for the purposes of SPL and is entitled to ML / AL/ SMP / SAP or MA. (**Partner** is defined as: a spouse, civil partner or someone living with the individual in an enduring family relationship but not your sibling, child, parent, grandparent, grandchild, aunt, uncle, niece or nephew. **Parent** is defined as: one of two people who will share the main responsibility for the child's upbringing (either the mother, father or mother's Partner)).

(Please delete as appropriate)

I confirm that:

- I have, or will have, main responsibility for the child's upbringing, along with the person who has completed the declaration below.
- My normal weekly earnings in the eight-week period ending with the 15th week before the EWC were not less than the lower earnings limit.
- I intend to care for the child during each week that I am on SPL.
- I have worked continuously as an employee of the Company for 26 weeks by the end of the week that falls 15 weeks before the EWC.

I declare the above information to be correct. I understand that it is a serious disciplinary offence to provide false information on this form.

I will immediately inform my Manager if I, or the other parent, cease to care for the child, or if the curtailment notice is revoked, or if I otherwise cease to satisfy the conditions for entitlement to shared parental leave or ShPP. I understand that it is a serious disciplinary offence if I fail to do so.

Signed Date

Partner's Declaration

(Please complete this section if you are the partner of the employee wishing to take SPL)

Please confirm either:

- I am entitled to statutory maternity leave/statutory adoption leave in relation to the child referred to above. I have submitted a curtailment of maternity leave/adoption leave notice or will have done so prior to your employee commencing SPL; and
- The individual who has completed the declaration above is the other parent of the child for the purposes of SPL. (**Parent** is defined as: one of two people who will share the main responsibility for the child's upbringing (either the mother, father or mother's Partner)).

OR

- I am the child's father or the child's mother's partner and the individual completing the declaration above is the other parent for the purposes of SPL and is entitled to ML / AL/ SMP / SAP or MA. (**Partner** is defined as: a spouse, civil partner or someone living with the individual in an enduring family relationship but not your sibling, child, parent, grandparent, grandchild, aunt, uncle, niece or nephew. **Parent** is defined as: one of two people who will share the main responsibility for the child's upbringing (either the mother, father or mother's Partner)).

(Please delete as appropriate)

Partner's Declaration Continued

Name:

Address:

National Insurance number:

Your employer's name and address (if employed) or your business address if self employed:

I confirm that:

- I have, or will have, main responsibility for the child's upbringing, along with the employee who has completed the declaration above.
- I have worked in an employed or self-employed capacity in at least 26 of the 66 weeks immediately before the EWC.
- My average weekly earnings are at least £30, taking the 13 highest-earning weeks in the 66 weeks immediately before the EWC.
- I consent to your employee taking shared parental leave and claiming ShPP as set out in this notice and will immediately inform them if I cease to satisfy any of the conditions in this declaration.

I consent to the information in this declaration being processed by you for the purposes of administering shared parental leave and pay.

Signed **Date**

