# NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE

Employees 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 date of the first period of SPL.

Please refer to The Company's Shared Parental Leave policy for details on eligibility and further information before completing this form.

# Section 1 - Basic Details

Employee name		
Are you the mother / main adopter of the child		
or the partner of the mother / main adopter?		
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 – Employee 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 on the following date:		
the following date.		
Signed:	Date:	

# **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 that you intend to take	
This indication is non-binding. You must submit a formal period of leave notice 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 pay (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 <b>you</b> intend to claim	
Number of weeks' ShPP <b>the other parent</b> intends to claim	
Indication of start and end dates of your ShPP periods	

#### Section 5 – Employee declaration

I confirm that I meet the following conditions:

- o I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter
- o 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')
- o I intend to be in continuous employment until the week before any SPL is taken
- o (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
- o 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.

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')
- o I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week
- o I agree to inform your employee immediately if I cease to meet the two conditions above
- o 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:

o 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: