

**Shared Parental Leave**

**Notification of Entitlement to Shared Parental Leave**

This form should be used to declare your entitlement to Shared Parental Leave. It captures the details required to confirm your eligibility for Shared Parental Leave and provides the College with early notice of the proposed dates on which you are considering taking Shared Parental Leave.

Providing proposed dates for Shared Parental Leave does not itself count as formally booking a period of Shared Parental Leave, however this form does allow you to specify if you wish the provision of these dates to be treated as a formal request to book Shared Parental Leave.

This form must be submitted to your manager and the HR department at least 8 weeks before the start date of the first period of Shared Parental Leave.

**Section 1 – Basic Details**

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Pay Number** |  |
| **Job Title** |  |
| **School / Dept.** |  |
| Are you the birth/adopting parent of the child or the spouse/partner of the birth/adopting parent? |  |
| What is/was your child’s expected due date/placement date for adoption? |  |
| Date on which the mother or primary adopter commenced (or will commence) maternity/adoption leave: |  |

**Section 2 – Notice of Curtailment of Maternity/Adoption Leave**

In order to create an entitlement to Shared Parental Leave, the birth/adopting parent must give notice to curtail their entitlement to maternity/adoption leave. This must be at least 2 weeks after the birth/adoption.

Please complete either depending on whether you are:

|  |  |
| --- | --- |
| **The birth / adopting parent** | **Date** |
| I wish my maternity/adoption leave and/or pay (if applicable) to end on the following date: |  |
| Signed: |  |

|  |  |
| --- | --- |
| **The partner** | **Date** |
| I confirm my partner’s maternity/adoption leave ended (or they have given formal notice for it to end) on the following date: |  |
| Signed: |  |

**Section 3 – Shared Parental Leave/Pay Details**

You should only complete the field relating to Shared Parental Pay if you have checked that you are eligible to receive it.

|  |  |
| --- | --- |
| **Total Leave/Pay entitlement (both parents combined)** | **Weeks** |
| Enter the total number of weeks of Shared Parental Leave available to both parents combined: (i.e. 52 weeks minus the number of weeks maternity/adoption leave/pay taken (or to be taken) by the date you provided in Section 2): |  |
| Enter the total number of weeks of Shared Parental Pay available to both parents combined: (i.e. 39 weeks minus the number of weeks maternity/adoption pay taken (or to be taken) by the date you provided in Section 2): |  |

|  |  |  |
| --- | --- | --- |
| **How Leave/Pay will be shared (between each parent)** | **Leave** | **Pay** |
| Number of weeks Shared Parental Leave/Pay you intend to take: |  |  |
| Number of weeks Shared Parental Leave/Pay your partner intends to take: |  |  |

**Section 4 – Shared Parental Leave and Pay Proposed Dates (Non-binding)**

Please provide the proposed (non-binding) start and end dates (in 1 week blocks) of the Shared Parental Leave (and Pay, only if eligible) that you intend to take. This should tally with the number of weeks you have indicated above

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Parental Leave dates (to – from)** | **Total weeks** | **Shared Parental Pay dates (to – from)** | **Total weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The above dates are for information purposes only and are non-binding. If you wish to formally request a period of Shared Parental Leave, then please complete the ‘Request to Book Shared Parental Leave’ Form

**Section 5 – Occupational Shared Parental Pay**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Declaration** | | | |
| On the first day of SPL, eligible employees are entitled to receive:   * 16 weeks full pay (Occupational Shared Parental Pay) * 21 weeks Statutory Shared Parental Pay (where applicable) * 13 weeks unpaid leave   If you do not return to work for at least 3 full working months following your shared parental leave, you are only entitled to the statutory elements | | | |
| **Signed (employee)** |  | **Date** |  |

**Section 6 - Declarations of Eligibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Declaration of Eligibility for Shared Parental Leave (SPL)** **✓** | | | | |
| I am the birth parent or adopting parent of the child or the spouse, civil partner or partner of the child’s birth parent /adopting parent: | | | |  |
| At the date of the child’s birth/adoption, I will share the main responsibility (with the other parent) for the care of the child. | | | |  |
| I confirm that the birth / adopting parent is/was entitled to statutory maternity/adoption leave and has ended or given notice to end their entitlement to this as detailed in Section 2 above.  **OR**  I confirm that the birth/adopting parent isn’t/wasn’t entitled to statutory maternity/adoption leave but they are/were entitled to statutory maternity/adoption pay or maternity allowance and have ended or given notice to end their entitlement to this as detailed in Section 2 above.  **OR**  I am the birth and I am/was entitled to statutory maternity/adoption leave and have ended or given notice to end my entitlement to this as detailed in Section 2 above.  I had /will have a minimum of 26 weeks’ continuous service at the end of the 15th week before the child’s expected due date/placement date and I intend to be employed by the College at the start of each period of Shared Parental Leave. | | | |  |
|  | | | |  |
| **Declaration of Eligibility for Shared Parental Pay** | | | |  |
| I confirm that the birth/adopting parent is /was entitled to statutory maternity/adoption pay or maternity allowance and has ended (or given notice to end) their entitlement to this as detailed in Section 2.  **OR**  I am the birth/adopting parent and I am/was entitled to statutory maternity/adoption pay or maternity allowance and have ended (or given notice to end) their entitlement to this as detailed in Section 2. | | | |  |
| I confirm that I have had/will have had average weekly earnings, for the period of 8 weeks leading up to and including the 15th week before the child’s expected due date/matching date, which were/will be no less than the Lower Earnings Limit in force for National Insurance Contributions. | | | |  |
| **Summary** | | | |  |
| I have correctly notified the College of my entitlement and will comply with the notice requirements, as outlined in the Shared Parental Leave Policy, for any periods of leave requested (or varied). | | | |  |
| The information I have provided is accurate and I will immediately inform the College if I cease to care for the child or if my eligibility to Shared Parental Leave changes/ceases. | | | |  |
| **Signed (partner)** |  | **Date** |  | |

|  |  |
| --- | --- |
| **Other Parent Declarations of Eligibility** | **✓** |
| I am the birth/adopting parent of the child or the spouse, civil partner or partner of the child’s mother/adopter. |  |
| At the date of the child’s birth/adoption, I will share the main responsibility (with the other parent) for the care of the child |  |
| I have worked/will work for at least 26 weeks out of the 66 weeks leading up to my child’s due date/placement date and in that time earned/will earn an average of at least £30 per week in any 13 of those weeks. |  |
| I consent to the amount of Shared Parental Leave (and pay if applicable) that my partner wishes to take and confirm that Section 3 has been completed accurately. |  |

|  |  |
| --- | --- |
| **Other Parent Additional Declarations (if you are the birth / adopting parent)** | **✓** |
| I have ended or given notice to my employer to end my maternity /adoption leave entitlement (including my entitlement to statutory maternity/adoption pay or maternity allowance if applicable) and this has been correctly recorded by my partner in Section 2. |  |
| I will immediately inform my partner if I no longer meet the requirements to curtail my maternity leave (and pay if applicable). |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Details Required** | | | |
| **Name:** | | | |
| **NI Number:** | | | |
| **Address:** | | | |
| **Signed (partner)** |  | **Date** |  |

For the purposes of confirming entitlement, the College retains the right, within 14 days of the SPL entitlement notification being given, to request evidence of a birth/adoption. Any information obtained for this purpose will be treated in strict confidence in line with Data Protection requirements and will be destroyed once any eligibility has been confirmed.

**PLEASE RETURN YOUR COMPLETED FORM TO THE HR DEPARTMENT**