

**Shared Parental Leave**

**Request to Vary/Cancel Shared Parental Leave**

**Section 1 – Basic Details**

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Pay Number** |  |
| **Job Title** |  |
| **School / Dept.** |  |

**Section 2 – Variation to Shared Parental Leave booking**

Original Shared Parental Leave/Pay Dates to be varied or cancelled

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Leave (Total Weeks)** | **Pay (Total Weeks)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**New Shared Parental Leave/Pay Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Leave (Total Weeks)** | **Pay (Total Weeks)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3- Declaration**

I confirm that I agree to the variation(s) detailed above

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (employee)** |  | **Date** |  |

I confirm that I agree to the variation(s) detailed above

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (partner)** |  | **Date** |  |

PLEASE RETURN YOUR COMPLETED FORM TO HR