

## Notice of Entitlement and Intention to take Shared Parental Leave Form

Please ensure you have read the Shared Parental Leave Policy before completing this form.

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

If you wish to take Shared Parental Leave, then you must submit this form to your manager and HR, at least 8 weeks before the start of Shared Parental Leave. Providing proposed dates for Shared Parental Leave does not itself count as formally booking a period of Shared Parental Leave unless you indicate below that you wish it to. This must otherwise be done by separately completing the Notice to Take or Vary a period of Shared Parental Leave Form (which should also be submitted to your manager and HR at least 8 weeks before the start of shared parental leave).

In order to calculate the amount of Shared Parental Leave (and Shared Parental Pay if applicable) you are eligible for please complete the following:

### Basic Details

Employee name:	
Are you the mother/main adopter of the child or the father or partner of the mother/main adopter?	
Employee's partner's name:	
Details of partner's employer: (or if appropriate state self-employed or unemployed) Name of employer: Address:	
In the case of adoption, date of having been matched with a child	
Child's due date/expected date of placement in the case of adoption	
Child's actual date of birth/actual date of placement in the case of adoption	
Child's name (if known)	

**Maternity/adoption leave and statutory maternity/adoption pay/maternity allowance details**

<p>I am taking or will take maternity/adoption leave* OR</p> <p>My partner is taking or will take maternity/adoption leave* OR</p> <p>My partner is not entitled to statutory maternity/adoption leave but is receiving or will receive statutory maternity pay(SMP)/ maternity allowance(MA) or statutory adoption pay (SAP)*</p>	*delete as applicable
Maternity/adoption leave start date	
Maternity/adoption leave end date	
Total maternity/adoption leave (whole weeks)	
SMP/MA/SAP start date	
SMP/MA/SAP end date	
Total period of SMP/MA/SAP (whole weeks)	

**Notice to end (curtail) maternity/adoption leave**

Please complete this if you are the **mother or main adopter**. This date must be at least two weeks after the birth/adoption of your baby.

I wish my maternity/adoption leave to end on the following date:	
I wish my statutory maternity/adoption pay to end on the following date:	
Signed:	
Date:	

**Shared parental leave and pay details**

Maximum number of weeks of shared parental <b>leave</b> available: (52 weeks minus the number of weeks taken according to the above dates)	
Maximum number of weeks of shared parental <b>pay</b> available (39 weeks minus	

the number of weeks taken according to the above dates)	
Number of weeks of shared parental leave / pay <b>you</b> intend to take	
Number of weeks of shared parental leave / pay the <b>other parent</b> intends to take	

**Shared parental leave and pay dates (leave must be taken in complete weeks)**

<p>Please detail the start and end dates of the shared parental leave / pay that <b>you</b> intend to take. This should tally with the number of weeks you have indicated above that you will take.</p>	
---	--

The above dates do not constitute a formal binding request at this stage. However if you wish them to do so please indicate "Yes": **Yes / No**

If you indicate "No", then please complete the **Notice to Take or Vary a Period of Shared Parental Leave Form** for each period of shared leave requested.

**Declarations by the Employee**

I declare that:

- I am the child's mother and I am entitled to statutory maternity leave. I have submitted a curtailment of maternity 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).\* OR (delete as applicable)

I am the child's father or the child's mother's partner.\*OR

A child has been placed or will be placed with me for adoption and I am entitled to statutory adoption leave. I have submitted a curtailment of adoption leave notice (or will submit it before my partner takes SPL and at least eight weeks before the first date on which I intend to take SPL).\*OR

My partner is entitled to statutory adoption leave because of the placement of a child with us/him/her\* for adoption\*.

- I had at least 26 weeks' continuous employment at the end of the 15th week before the expected week of childbirth (EWC)/the end of the week in which we were notified that we had been matched with a child and have remained continuously employed since then.
- 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 (delete if not applicable)
- I expect to share the main responsibility for the care of the child with the person who has completed the declaration below.
- I intend to care for the child during each week that I am on Shared Parental Leave and receiving ShPP.
- I have informed my line manager of the dates as indicated above.
- I will immediately notify HR if either I cease or my partner ceases to meet the conditions of entitlement to SPL or ShPP.
- The information I have provided is accurate.

Signed:

Date:

**Declaration by person taking Shared Parental Leave with the Employee**

Name .....

Address .....

National Insurance Number .....

I declare that:

- I am the mother of the child and I am (or was) entitled to maternity leave, SMP or MA. I have curtailed my maternity leave, SMP/MA or will have done so by the time your employee starts Shared Parental Leave.\* OR (\*delete as applicable)

I am the child's father.\* OR

I am the partner of the child's mother.\* OR

I am (or was) entitled to adoption leave or SAP. I have curtailed my adoption leave/SAP or will have done so by the time your employee starts Shared Parental Leave. Your employee is my partner.\*

- I expect to share the main responsibility for the care of the child with the employee.
- I have worked in an employed or self-employed capacity in at least 26 of the 66 weeks immediately before the EWC/the week we were notified that we had been matched with a child.

- My average weekly earnings are at least £30, taking the highest-earning weeks in the 66 weeks immediately before the EWC/the week we were notified that we had been matched with a child.
- I consent to the 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 used for the purposes of administering Shared Parental Leave and ShPP.
- The information I have provided is accurate.

Signed:

Date: