NOTICE TO TAKE OR VARY A PERIOD OF SHARED PARENTAL LEAVE

Please ensure you have read the <u>Shared Parental Leave Policy</u> before completing this form.

You should complete this form if you wish to formally request a period of shared parental leave / pay, or to vary a previously approved period.

	arental leave.				
Name of Employee Name of Partner					
Requested Shared Pare	ntal Leave / Pay Dat	es			
Leave must be taken ir	n complete weeks)				
Start date	End date	Number of weeks leave		Number of weeks pay (if applicable)	
	usly requested Paren	tal Leave / Pa	y Dates		
Request to vary previou			Detail the change you would like to request		
Request to vary previous Previously approved start date	Previously appi		_	you would like to	
Previously approved			_	you would like to	
Previously approved			_	you would like to	
Previously approved			_	you would like to	

Date:

Signed

(Employee)