

**MATERNITY SUPPORT (PATERNITY) LEAVE DOCUMENT PACK**

January 2018

V2

These documents are to be used in accordance with the Maternity Support (Paternity) section of the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy.

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|  | Ordinary Maternity Support (Paternity) Leave Options/Entitlements |
|  | P1 - Notice of Intention to take Ordinary Maternity Support (Paternity) Leave |
|  | Initial Letter (Maternity Support (Paternity) Leave) |
|  | Letter to Employee (Ordinary Maternity Support (Paternity) Leave) |
|  | KIT Record |
|  | SPARM 1 – Application for Shared Parental Leave (Maternity) |
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|  | Shared Parental Leave in Touch (SPLIT) Days Record |

# Ordinary Maternity Support (Paternity) Leave Options / Entitlements Appendix 1

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|  | Returning to work following Maternity Support (Paternity) Leave | |
| 12 months or more continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed | OPTION 1   * Payment made at full salary, including regular payments and bonus, less any SMSP, for up to two weeks (two consecutive weeks or two separate occasions of one week.) |  |
| 41 or more weeks but less than 12 months continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed | OPTION 2   * 1 week Maternity Support (Paternity) Leave paid at three days Maternity Support (Paternity) Leave plus remaining days SMSP only | OPTION 3   * 2 consecutive weeks Maternity Support (Paternity) Leave paid at three days basic pay and remaining days SPP only |
| Less than 41 weeks continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed | OPTION 4   * Up to three days Occupational Maternity Support (Paternity) Leave plus average pay (inclusive of SMSP) |  |

# P1 - Notice of Intention to take ORDINARY Maternity Support (Paternity) Leave

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | |  | | | | | | | | | | | | **Assignment Number:** | | | | | |  | | |
| **Job Title:** | | | |  | | | | | | | | | | | **Base:** | |  | | | | | | | |
| **Line Manager:** | | | | |  | | | | | | | | | **Hours Worked:** | | | |  | | | | | | |
| **Date of Appointment with NHS:** | | | | | | | |  | | | | | | | **Date Joined this Organisation:** | | | | | | | |  | |
| **Address for Correspondence:** | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **E-mail Address:** | | | | **Postcode:** | | | | | | | | | | | | | | | | | | | | |
| **Contact Numbers:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home:** | | |  | | | | | | **Work:** |  | | | | | | | | | **Mobile:** | |  | | | |
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| **PATERNITY OPTIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Expected date of birth of your child or placement of your child:** | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **Date you expect to start first week of leave:** | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Date you expect to start your second week of leave:** | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **I wish to apply for Maternity Support (Paternity) Leave/pay. I attach a copy of my partners Matching Certificate or MAT B1 for the purposes of the Occupational Paternity Pay showing the expected week of childbirth:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| I have read and understood the Maternity Support (Paternity) Leave Policy and I wish to take the following Maternity Support (Paternity) Leave (please tick) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Option** | | **Detail** | | | | | | | | | | | | | | | | | | | | | | **Tick** |
| **Option 1** | | For employees with over 1 years’ service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Maternity Support Pay (SMSP) | | | | | | | | | | | | | | | | | | | | | |  |
| **Option 2** | | For employees with less than 52 weeks service, but 41 weeks service or more at the expected date of confinement / placement of child: 1 week or 2 consecutive weeks Maternity Support (Paternity) Leave (3 days paid Maternity Support (Paternity) Leave and remaining days SMSP only) | | | | | | | | | | | | | | | | | | | | | |  |
| **Option 3** | | For employees with less than 41 weeks service at the time of confinement / placement of child: Up to 2 weeks unpaid leave. | | | | | | | | | | | | | | | | | | | | | |  |
| **Statutory Paternity Pay = 90% of your average weekly earnings or current rate, whichever is the lesser.** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FURTHER FORMS TO COMPLETE** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FORM** | **To be submitted following the birth or placement of child** | | | | | | | | | | | | | | | | | | | | | | | |
| **SC3** | To claim Ordinary Statutory Maternity Support Pay/ordinary Maternity Support (Paternity) Leave – becoming a parent form | | | | | | | | | | | | | | | | | | | | | | | |
| **SC4** | To claim Ordinary Statutory Maternity Support Pay/ordinary Maternity Support (Paternity) Leave – becoming an adoptive parent form | | | | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | |
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| I confirm have read the Maternity Support (Paternity) Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed (Employee):** | | | | | |  | | | | | | | **Signed (Manager):** | | | | | | |  | | | | |
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| **Print Name:** | | | | | |  | | | | | | | **Print Name:** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | |  | | | | | | | **Date:** | | | | | | |  | | | | |
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| Please forward the original of this form to the Human Resources Team at least **28 days** before you want your leave to start, or as soon as reasonable practicable. If for any reason you need to amend the date of your Maternity Support (Paternity) Leave, please contact the Human Resources Team as soon as possible, so dates and records can be amended. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Office Use Only - Mat B1 / Matching Certificate seen? Yes / No**  **Statutory forms completed? Yes / No Copy of forms taken and sent to payroll (date and initials)** | | | | | | | | | | | | | | | | | | | | | | | | |

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| Your ref:  Our ref:  Date .....  Address ..... | Health House  Grange Park Lane  Willerby  HU10 6DT  Telephone: (01482) 672183 |



Dear (NAME),

**RE: MATERNITY SUPPORT (PATERNITY) LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for advising me about your upcoming arrival.

Please find enclosed the Application for Ordinary Maternity Support (Paternity) Leave which will need to be completed by yourself, signed by your Manager and sent to the above address together with your partners MATB1 form / Matching certificate.

(DELETE IT EMPLOYEE NOT ENTITLED TO) Also enclosed is the Application for Additional Maternity Support (Paternity) Leave form; this will need to be completed and signed by yourself and your manager and submitted to the above address.

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Support (Paternity) Leave / Additional Maternity Support (Paternity) Leave (DELETE IF NOT NEEDED) and all other relevant information you will require.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer

CC: Line Manager



|  |  |
| --- | --- |
| Your ref:  Our ref:  Date .....  Address ..... | Health House  Grange Park Lane  Willerby  HU10 6DT  Telephone: (01482) 672183 |

Dear (NAME),

**RE: ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your recently submitted Application for Maternity Support (Paternity) Leave plus a copy of the MATB1 form/ Matching Certificate\* // your MATB1/ Matching Certificate\* form is still to be received\*. (\*DELETE AS APPROPRIATE) As requested in your application form, you have chosen the following option:

(Delete as required)

**OPTION 1**

For employees with over 1 years’ service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Maternity Support Pay (SMSP)

**OPTION 2**

For employees with less than 52 weeks service, but 41 weeks service or more at the expected date of confinement / placement of child: 1 week or 2 consecutive weeks Maternity Support (Paternity) Leave (3 days paid Maternity Support (Paternity) Leave and remaining days SMSP only)

**OPTION 3**

For employees with less than 41 weeks service at the time of confinement / placement of child: Up to 2 weeks unpaid leave.

You have indicated you wish your Maternity Support (Paternity) Leave to start on (INSERT DATE). However if you wish to change this date please let me know as soon as possible.

Absence on Maternity Support (Paternity) Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Paternity, whether paid or unpaid, along with Bank Holidays which also accrue.

Pension contributions will be deducted from your salary as normal during paid Paternity and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.

If you have any further queries, please do not hesitate to contact me.

With best wishes

Human Resources Support Officer

CC: Line Manager

# Maternity Keep in Touch

**Keeping In Touch (Kit) Occasions**

The employee will be able to work **up to a** **maximum of 10** voluntary occasions during his/her Maternity, Additional Maternity Support (Paternity) or Adoption Leave without losing any Statutory Maternity/Additional Maternity Support (Paternity) /Adoption Pay.

KIT occasions are intended to help employees keep in touch with the workplace and could also help ease eventual return to work. The type of work done could be attending work for a training course, team meetings or for an appraisal interview. These are just examples, but whether employees take advantage of these occasions is their choice. Time that is worked should be agreed by both employee and their manager. Their manager does not have any right to insist that the employee works any KIT occasions.

Any work carried out as a KIT occasion, (the minimum time is half an hour) will be counted as a whole KIT occasion. They can be taken as single days; hours; in blocks of two or more days; or can be taken consecutively. In order to ensure that employees still qualify to receive SMP, SAPP or SAP **no more than 10 occasions should be worked during the entire Maternity/Additional Maternity Support (Paternity) /Adoption Leave period.**

**Payment for KIT**

Payment will be received for any KIT occasions that are worked, paid at the employees basic rate for the hours worked. However the employee will not be able to take their earnings above full pay by receiving payment for KIT. The amount of pay received for KIT will vary depending on where they occur in an employee’s Maternity/Additional Maternity Support (Paternity) /Adoption Leave (e.g. if the employee is on full pay they will receive no additional pay but if they are on unpaid leave then they would receive the full hourly rate for the time worked) as explained in the table below.

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| --- | --- |
| **When the KIT occasion occurs** | **How much will be paid** |
| Weeks 1-8 of Maternity / Adoption leave | No additional payment if already receiving full pay |
| Weeks 9-26 of Maternity / Additional Maternity Support (Paternity) (20 weeks after birth or placement of child) / Adoption leave | Hourly rate will be paid until full pay is met for that week |
| Weeks 27-39 of Maternity / Additional Maternity Support (Paternity) / Adoption leave | Hourly rate will be paid until full pay is met for that week |
| Weeks 40-52 of Maternity / Additional Maternity Support (Paternity) / Adoption leave | Full hourly rate for the hours worked as this period of maternity is taken as unpaid leave. |

It is also possible for employees to claim the time back that they work as time in lieu. This may be of particular interest when the hours work fall at the beginning of the maternity/Additional Maternity Support (Paternity) /adoption leave period when no or little extra pay would be received for the hours worked.

Either payment of hours worked will be given *or* time in lieu may be taken. It is not possible for an employee to receive payment for hours worked and then claim the time back in lieu as well.

**Payment for hours worked as Keep in Touch will be paid when the employee returns to work.**

A change form should be submitted to inform payroll of your return to work date and any changes to be made e.g. working hours. Hours worked should be recorded on the KIT Record Form and submitted to Payroll in order to claim payment, where eligible.

If you require any further information please refer to the Maternity/Maternity Support (Paternity)/Adoption sections within this policy, or contact the Human Resources Team.

# Keep in Touch Record

**After carefully reading the guidelines on the previous page, please record any hours worked as Keep in Touch whilst on Maternity, Maternity Support (Paternity) or Adoption leave in the table below. Payment for hours worked will be paid when the employee returns to work.**

Name of employee: ...........................................................

Base: .................................................................................

Payroll (assignment) number: \_ \_ \_ \_ \_ \_ \_ \_

Type of Leave: Maternity / Maternity Support (Paternity) / Adoption Leave (delete as appropriate.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Week number of leave** | **Start time** | **Finish time** | **Total hours worked (excluding breaks)** | **Please indicate:**  **time in lieu or payment** |
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Employee signature: ...............................................................

Manager’s signature: ..............................................................

Once signed by both employee and Manager, please forward a copy to:-

Human Resources Team, eMBED Health Consortium , Health House, Grange Park Lane, Willerby, HU10 6DT

# SPARM 1 – Application for Shared Parental Leave (resulting from Maternity)

This form will need to be completed by a mother and the person (referred to as the Partner) she will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

|  |  |  |
| --- | --- | --- |
| **Which parts of the form need to be completed?** | | |
| **Both parents want to take SPL** | **Just the mother wants to take SPL** | **Just the partner wants to take SPL** |
| Parts 1, 2 & 4 | Parts 1 & 2 | Parts 1, 3 & 4 |

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| --- | --- |
| **Key abbreviations used:** | |
| SPL Shared Parental Leave  ShPP Statutory Shared Parental Pay | SMP Statutory Maternity Pay  MA Maternity Allowance |

**Part 1: Curtailment of Maternity Leave and Pay (for Mother's Employer)** Complete if:

|  |  |  |
| --- | --- | --- |
| Both parents want to take SPL | Just the mother wants to take SPL | Just the partner wants to take SPL |
| ✓ | ✓ | ✓ |

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| **MOTHER’S PERSONAL INFORMATION (must be completed)** | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | **Assignment Number:** | | | | |  | |
| **Job Title:** | |  | | | | | | | **Base:** | |  | | | | | |
| **Line Manager:** | | |  | | | | | **Hours Worked:** | | | |  | | | | |
| **Date of Appointment with NHS:** | | | | |  | | | | **Date Joined this Organisation:** | | | | | | |  |
| **Address for Correspondence:** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **E-mail Address:** | | **Postcode:** | | | | | | | | | | | | | | |
| **Contact Numbers:** | | | | | | | | | | | | | | | | |
| **Home:** |  | | | | | **Work:** |  | | | | | | **Mobile:** |  | | |

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| **BIRTH DATE DETAILS (must be completed)** | | |
| **Child’s Expected Date of Birth** |  | |
| **Actual date of child’s birth (if born)** |  | |
| **STATUTORY MATERNITY LEAVE DETAILS (must be completed)** | | |
| **Date statutory maternity leave started/is intended to start** | |  |
| **Date statutory maternity leave will come to an end** | |  |
| **Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends** | |  |
| **SMP DETAILS (must be completed)** | | |
| **Date SMP started/is intended to start** | |  |
| **Date SMP will come to an end** | |  |
| **Total number of weeks of SMP that will have been paid at the date that SMP ends** | |  |
| **I understand that I can only reinstate my maternity leave if I revoke this notice before my maternity leave comes to an end, date given as above. I understand that if I am eligible for myself or my partner to opt into SPL and ShPP I can only reinstate my SMP if I revoke this notice before my SMP comes to an end, date given as above.** | | |
| **Signature of mother** |  | |
| **Date signed** |  | |

**Part 2: Notification that Mother is intending to take SPL (for Mother’s employer)** Complete if:

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| --- | --- | --- |
| Both parents want to take SPL | Just the mother wants to take SPL | Just the partner wants to take SPL |
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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION (must be completed)** | | | | |
| **Mother’s Full Name:** |  | | **Assignment Number:** |  |
| **Partner’s Forename:** |  | | **Partner’s Surname:** |  |
| **Partner’s Address (including postcode):** |  | | | |
| **Partner’s National Insurance Number:** | |  | | |

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| **BIRTH DATE DETAILS (must be completed)** | | | | |
| **Child’s Expected Date of Birth** | |  | | |
| **Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)** | |  | | |
| **STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)** | | | | |
| **Date statutory maternity leave started/is intended to start** | | |  | |
| **Date statutory maternity leave will come to an end** | | |  | |
| **Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends** | | |  | |
| **Date SMP or MA started/is intended to start** | | |  | |
| **Date SMP or MA will come to an end** | | |  | |
| **Total number of weeks of SMP or MA that will have been paid at the date that SMP ends** | | |  | |
| **Total number of weeks of SMP or MA that will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)** | | |  | |
| **SPL DETAILS (must be completed)** | | | | |
| **Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)** | | |  | |
| **Total number of weeks of SPL I (the mother) intend to take** | | |  | |
| **I (the mother) currently expect to take SPL as follows:** | | | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of SPL my partner intends to take** | | |  | |
| **ShPP DETAILS (To be completed ONLY if claiming ShPP)** | | | | |
| **Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)** |  | | | |
| **Total number of weeks of ShPP I (the mother) intend to take:** |  | | | |
| **I (the mother) currently expect to take ShPP as follows:** | **From:**  **To:** | | | **(Date)**  **(Date)** |
| **Total number of weeks of ShPP my partner intends to take:** |  | | | |

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| --- | --- |
| **Mother's declaration (must be completed)** | |
| **The following points apply in all circumstances where a mother is entitled to maternity leave:**  **• I am giving notice that I am entitled to and intend to take SPL**  **• I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due**  **• I will remain employed with this employer until any period of SPL that I intend to take**  **• I had (or will have) the main responsibility for the care of the child at the time of the child’s birth (along with my partner who has made the declaration below)**  **• I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL**  **• I will inform my employer immediately if I am no longer caring for my child**  **• I will give my employer a copy of my child’s birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice**  **• I will give my employer the name and address of my partner’s employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice**  **• I (or my partner) have given a period of SPL notice**  **• The information provided in this declaration is accurate and meets the notification requirements for SPL**  The following points only apply if ShPP DETAILS Section has been completed:  • I am giving notice that I am entitled to and intend to take ShPP  • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth  • I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP  • I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)  • I intend to care for my child in the weeks I receive ShPP  • I will remain employed with this employer until before the date of my first period of ShPP  • I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA  **The information provided in this declaration is accurate** | |
| **Signature of mother** |  |
| **Date mother signed** |  |

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| **Partner’s declaration (must be completed)** | |
| * **I am the father of the child, or at the date of the birth I was/will be the mother’s spouse, the mother’s civil partner and/or the mother’s partner living with her and the child in an enduring relationship** * **I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child’s mother)** * **I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth** * **I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth** * **I consent to the amount of SPL which the mother intends to take, as set out in Section D above.** * **I consent to the mother’s employer processing the information I have provided** * **I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.**   **The information provided in this declaration is accurate** | |
| **Signature of partner** |  |
| **Date partner signed** |  |

**Part 3: Notice confirming that Partner is taking SPL but the mother is not (for Mother’s employer)**

Complete if:

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| --- | --- | --- |
| Both parents want to take SPL | Just the mother wants to take SPL | Just the partner wants to take SPL |
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| --- | --- | --- | --- |
| **PERSONAL INFORMATION (must be completed)** | | | |
| **Mother’s Full Name:** |  | **Assignment Number:** |  |
| **Partner’s Forename:** |  | **Partner’s Surname:** |  |

|  |  |
| --- | --- |
| **CONFIRMATION (must be completed)** | |
| * **I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)** * **I declare that my partner has given a notice to their employer to take SPL and/or ShPP.** * **I consent to my partner’s intended claim for SPL and/or ShPP.** | |
| **Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.** | |
| **Signature of mother** |  |
| **Date signed** |  |

**Part 4: Notification that Partner is intending to take SPL (for Partner’s Employer)** Complete if:

|  |  |  |
| --- | --- | --- |
| Both parents want to take SPL | Just the mother wants to take SPL | Just the partner wants to take SPL |
| ✓ | 🗶 | ✓ |

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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION (must be completed)** | | | | |
| **Partner’s Full Name:** |  | | | |
| **Mother’s Forename:** |  | | **Mother’s Surname:** |  |
| **Mother’s Address (including postcode):** |  | | | |
| **Mother’s National Insurance Number:** | |  | | |

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| --- | --- | --- |
| **BIRTH DATE DETAILS (must be completed)** | | |
| **Child’s Expected Date of Birth** |  | |
| **Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)** |  | |
| **STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)** | | |
| **Date mother started, or intends to start, maternity leave (if applicable)** | |  |
| **Date mothers maternity leave ended, or will come to an end (if applicable)** | |  |
| **Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends** | |  |
| **Date mother started, or intends to start, SMP or MA (if applicable)** | |  |
| **Date mothers SMP or MA ended, or will come to an end (if applicable)** | |  |
| **Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment** | |  |
| **Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)** | |  |

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| **SPL DETAILS (must be completed)** | | |
| **The total number of weeks of SPL created depends on the mothers leave and pay entitlements:**   * **If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken** * **If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken** * **If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid** * **If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted** | | |
| **Total number of weeks of SPL created (50 max)** |  | |
| **Total number of weeks of SPL I (the partner) intend to take** |  | |
| **I (the partner) currently expect to take SPL as follows:** | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of SPL the mother intends to take (if applicable)** |  | |

|  |  |  |
| --- | --- | --- |
| **ShPP DETAILS (To be completed ONLY if claiming ShPP)** | | |
| **Total number of weeks of ShPP created (39 weeks less total number of SMP or MA taken and any ShPP paid from a previous notice and revocation)** |  | |
| **Total number of weeks of ShPP I (the partner) intend to take:** |  | |
| **I (the partner) currently expect to take ShPP as follows:** | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of ShPP the mother intends to take:** |  | |

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| **Partner’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * **I am giving notice that I am entitled to and intend to take SPL** * **I am the father of the child, or at the time of the birth I was/will be the mother’s spouse, the mother’s civil partner and/or the mother’s partner living with her and the child in an enduring relationship** * **I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due** * **I will remain employed with this employer until any period of SPL that I intend to take** * **I had (or will have) the main responsibility for the care of our child at the time of the child’s birth (along with the child’s mother who has made the declaration below)** * **I will give my employer a copy of my child’s birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice** * **I will give my employer the name and address of the mother’s employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice** * **I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period** * **I (or my partner) have given a period of SPL notice** * **The information provided in this declaration is accurate and meets the notification requirements for SPL**   The following points only apply if ShPP DETAILS Section has been completed:   * I am giving notice that I am entitled to and intend to take ShPP * I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth * I intend to care for my child in the weeks I receive ShPP * I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if | |
| * entitled to SPL) * I will remain employed with this employer until before the date of my first period of ShPP   **The information provided in this declaration is correct** | |
| **Signature of partner** |  |
| **Date partner signed** |  |

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| --- | --- |
| **Mother's declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * **I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)** * **I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.** * **I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth** * **I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth** * **I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement** * **I consent to my partner’s intended SPL as set out in Section D above** * **I consent to my partner’s employer processing the information I have provided** * **The information provided in this declaration is accurate and meets the notification requirements for SPL**   The following points only apply if ShPP DETAILS Section has been completed:   * I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP * I consent to my partner’s intended ShPP as set out in Section E above * I will immediately inform my partner if I revoke the reduction of my SMP or MA * I consent to the person who will pay ShPP to my partner or the child’s father processing the information I have provided   **The information provided in this declaration is correct** | |
| **Signature of mother** |  |
| **Date mother signed** |  |

# SPARA 1 – Application for Shared Parental Leave (resulting from Adoption)

This form will need to be completed by an adopter and the person (referred to as the Partner) that they will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

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| **What forms need to be completed?** | | |
| **Both parents want to take SPL** | **Just the adopter wants to take SPL** | **Just the partner wants to take SPL** |
| Parts 1, 2 & 4 | Parts 1 & 2 | Parts 1, 3 & 4 |

|  |  |
| --- | --- |
| **Key abbreviations used:** | |
| SPL Shared Parental Leave  ShPP Statutory Shared Parental Pay | SAP Statutory Adoption Pay |

**Part 1: Curtailment of Adoption Leave and Pay (for Adopter’s Employer)** Complete if:

|  |  |  |
| --- | --- | --- |
| Both parents want to take SPL | Just the adopter wants to take SPL | Just the partner wants to take SPL |
| ✓ | ✓ | ✓ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADOPTER’S PERSONAL INFORMATION (must be completed)** | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | **Assignment Number:** | | | | |  | |
| **Job Title:** | |  | | | | | | | **Base:** | |  | | | | | |
| **Line Manager:** | | |  | | | | | **Hours Worked:** | | | |  | | | | |
| **Date of Appointment with NHS:** | | | | |  | | | | **Date Joined this Organisation:** | | | | | | |  |
| **Address for Correspondence:** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **E-mail Address:** | | **Postcode:** | | | | | | | | | | | | | | |
| **Contact Numbers:** | | | | | | | | | | | | | | | | |
| **Home:** |  | | | | | **Work:** |  | | | | | | **Mobile:** |  | | |

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| --- | --- | --- |
| **PLACEMENT DATE DETAILS (must be completed)** | | |
| **Child’s Expected Date of Placement** |  | |
| **Actual date of child’s placement (if known)** |  | |
| **ADOPTION LEAVE DETAILS (must be completed)** | | |
| **Date statutory adoption leave started/is intended to start** | |  |
| **Date statutory adoption leave will come to an end** | |  |
| **Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends** | |  |
| **SAP DETAILS (must be completed)** | | |
| **Date SAP started/is intended to start** | |  |
| **Date SAP will come to an end** | |  |
| **Total number of weeks of SAP that will have been paid at the date that SAP ends** | |  |
| **I understand that my adoption leave will end on the date given above and that my SAP will finish on the end date given above, unless my notice is revoked or there is no entitlement.** | | |
| **Signature of adopter** |  | |
| **Date signed** |  | |

**Part 2: Notification that Adopter is intending to take SPL (for Adopter’s employer)** Complete if:

|  |  |  |
| --- | --- | --- |
| Both parents want to take SPL | Just the adopter wants to take SPL | Just the partner wants to take SPL |
| ✓ | ✓ | 🗶 |

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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION (must be completed)** | | | | |
| **Adopter’s Full Name:** |  | | **Assignment Number:** |  |
| **Partner’s Forename:** |  | | **Partner’s Surname:** |  |
| **Partner’s Address (including postcode):** |  | | | |
| **Partner’s National Insurance Number:** | |  | | |

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| --- | --- | --- | --- | --- |
| **BIRTH DATE DETAILS (must be completed)** | | | | |
| **Child’s Expected Date of Birth** | |  | | |
| **Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following placement and before I take any SPL)** | |  | | |
| **STATUTORY ADOPTION LEAVE AND SAP DETAILS (must be completed)** | | | | |
| **Date statutory adoption leave started/is intended to start** | | |  | |
| **Date statutory adoption leave will come to an end** | | |  | |
| **Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends** | | |  | |
| **Date SAP started/is intended to start** | | |  | |
| **Date SAP will come to an end** | | |  | |
| **Total number of weeks of SAP that will have been paid at the date that SAP ends** | | |  | |
| **Total number of weeks of SAP that will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)** | | |  | |
| **SPL DETAILS (must be completed)** | | | | |
| **Total number of weeks of SPL created (52 weeks less total number of adoption weeks taken and any SPL from a previous notice and revocation)** | | |  | |
| **Total number of weeks of SPL I (the adopter) intend to take** | | |  | |
| **I (the adopter) currently expect to take SPL as follows:** | | | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of SPL my partner intends to take** | | |  | |
| **ShPP DETAILS (To be completed ONLY if claiming ShPP)** | | | | |
| **Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)** |  | | | |
| **Total number of weeks of ShPP I (the adopter) intend to take:** |  | | | |
| **I (the adopter) currently expect to take ShPP as follows:** | **From:**  **To:** | | | **(Date)**  **(Date)** |
| **Total number of weeks of ShPP my partner intends to take:** |  | | | |

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| --- | --- |
| **Adopter’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**  **• I am giving notice that I am entitled to and intend to take SPL**  **• I have been continuously employed for 26 weeks at the end of week in which I (the adopter) was notified of having been matched for adoption**  **• I will remain employed with this employer until any period of SPL that I intend to take**  **• I had (or will have) the main responsibility for the care of the child at the time of the child’s placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL**  **• I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL**  **• I will inform my employer immediately if I am no longer responsible for the care of the child**  **• if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me.**  **• I (or my partner) have given a period of SPL notice**  **• I will give my employer the name and address of my partner’s employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice**  **• The information provided in this declaration is accurate**  The following points only apply if Section E has been completed:  • I am giving notice that I am entitled to and intend to take ShPP  • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child  • I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP  • I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks  • I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks  • I will remain employed with this employer until before the date of my first period of ShPP  • I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP  **The information provided in this declaration is accurate** | |
| **Signature of adopter** |  |
| **Date adopter signed** |  |

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| --- | --- |
| **Partner’s declaration (must be completed)** | |
| * **I am the adopter’s spouse, the adopter’s civil partner or the adopter’s partner living with them and the child in an enduring relationship** * **I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child’s adopter)** * **I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child** * **I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child** * **I consent to the amount of SPL which the adopter intends to take, as set out in Section D above.** * **I consent to the adopter’s employer processing the information I have provided** * **I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above.**   **The information provided in this declaration is accurate** | |
| **Signature of partner** |  |
| **Date partner signed** |  |

**Part 3: Notice confirming that Partner is taking SPL but the adopter is not (for Adopter’s employer)** Complete if:

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| --- | --- | --- |
| Both parents want to take SPL | Just the adopter wants to take SPL | Just the partner wants to take SPL |
| 🗶 | 🗶 | ✓ |

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| **PERSONAL INFORMATION (must be completed)** | | | |
| **Adopter’s Full Name:** |  | **Assignment Number:** |  |
| **Partner’s Forename:** |  | **Partner’s Surname:** |  |

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| **CONFIRMATION (must be completed)** | |
| * **I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)** * **I declare that my partner has given a notice to their employer to take SPL and/or ShPP.** * **I consent to my partner’s intended claim for SPL and/or ShPP.** | |
| **Please accept this as notification that I (the adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.** | |
| **Signature of adopter** |  |
| **Date signed** |  |

**Part 4: Notification that Partner is intending to take SPL (for Partner’s Employer)** Complete if:

|  |  |  |
| --- | --- | --- |
| Both parents want to take SPL | Just the adopter wants to take SPL | Just the partner wants to take SPL |
| ✓ | 🗶 | ✓ |

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| **PERSONAL INFORMATION (must be completed)** | | | | |
| **Partner’s Full Name:** |  | | | |
| **Adopter’s Forename:** |  | | **Adopter’s Surname:** |  |
| **Adopter’s Address (including postcode):** |  | | | |
| **Adopter’s National Insurance Number:** | |  | | |

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| **PLACEMENT DATE DETAILS (must be completed)** | | |
| **Child’s Expected Date of Placement** |  | |
| **Actual date of child’s placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)** |  | |
| **STATUTORY ADOPTION LEAVE AND SAP DETAILS (must be completed)** | | |
| **Date adopter started, or intends to start, adoption leave (if applicable)** | |  |
| **Date adopter’s adoption leave ended, or will come to an end (if applicable)** | |  |
| **Total number of weeks of adoption leave that will have been taken at the date that adoption leave ends** | |  |
| **Date adopter started, or intends to start, SAP (if applicable)** | |  |
| **Date adopter’s SAP ended, or will come to an end (if applicable)** | |  |
| **Total number of weeks SAP has been paid or will have been paid at date of curtailment** | |  |
| **Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)** | |  |

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| **SPL DETAILS (must be completed)** | | |
| **The total number of weeks of SPL created depends on the adopter’s leave and pay entitlements:**   * **If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken** * **If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken** * **If the adopter was/is not entitled to adoption leave but was entitled to SAP, the total created will be 52 weeks less any weeks of SAP that was paid** * **If the adopter previously revoked her curtailment notice any SPL that was taken by the partner must be deducted** | | |
| **Total number of weeks of SPL created (50 max)** |  | |
| **Total number of weeks of SPL I (the partner) intend to take** |  | |
| **I (the partner) currently expect to take SPL as follows:** | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of SPL the adopter intends to take (if applicable)** |  | |

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| --- | --- | --- |
| **ShPP DETAILS (To be completed ONLY if claiming ShPP)** | | |
| **Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)** |  | |
| **Total number of weeks of ShPP I (the partner) intend to take:** |  | |
| **I (the partner) currently expect to take ShPP as follows:** | **From:**  **To:** | **(Date)**  **(Date)** |
| **Total number of weeks of ShPP the adopter intends to take:** |  | |

|  |  |
| --- | --- |
| **Partner’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * **I am giving notice that I am entitled to and intend to take SPL** * **I am the adopter’s spouse, the adopter’s civil partner or the adopter’s partner living with them and the child in an enduring relationship** * **I have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption** * **I will remain employed with this employer until any period of SPL that I intend to take** * **I had (or will have) the main responsibility for the care of our child at the time of the child’s placement (along with the child’s adopter who has made the declaration below)** * **If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.** * **I will give my employer the name and address of the adopter’s employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice** * **I (or my partner) have given a period of SPL notice** * **I will inform my employer immediately if I am no longer caring for our child** * **The information provided in this declaration is accurate**   The following points only apply if Section E has been completed:   * I am giving notice that I am entitled to and intend to take ShPP * I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week | |
| * in which the adopter was notified of having been matched for adoption with the child * I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks * I will remain employed with this employer until before the date of my first period of ShPP   **The information provided in this declaration is accurate** | |
| **Signature of partner** |  |
| **Date partner signed** |  |

|  |  |
| --- | --- |
| **Adopter’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * **I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)** * **I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.** * **I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child** * **I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child** * **I consent to my partner’s intended SPL as set out in Section D above** * **I consent to my partner’s employer processing the information I have provided** * **The information provided in this declaration is accurate and meets the notification requirements for SPL**   The following points only apply if ShPP DETAILS Section has been completed:   * I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP * I consent to my partner’s intended ShPP as set out in Section E above * I consent to the person who will pay ShPP to my partner or the child’s father processing the information I have provided * I will immediately inform my partner if I revoke the curtailment of my SAP   **The information provided in this declaration is accurate** | |
| **Signature of adopter** |  |
| **Date adopter signed** |  |

# VCSPL1 - Application for Variation or Cancellation of Shared Parental Leave

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| **Full Name** |  | | | | **Assignment Number:** | |  |
| **Partner’s Full Name** |  | | | |  | |  |
| **I am aware that I am entitled to submit a maximum of 3 notifications to take SPL (which includes original application, any additional notifications, and any variation forms) which can be taken in one continuous block, or up to three discontinuous blocks.** | | | | | | | |
| **Date Original SPL application was submitted** | | | |  | | | |
| **Date/s of any additional booking notices submitted** | | | | **(if applicable)** | | | |
| **Date/s of any variations to booking notices submitted** | | | | **(if applicable)** | | | |
| **I have already taken \_\_\_\_\_\_\_\_\_\_\_ weeks Shared Parental Leave (if applicable)**  **I have already taken \_\_\_\_\_\_\_\_\_\_\_ weeks Statutory Shared Parental Pay (ShPP) (if applicable)** | | | | | | | |
| **VARIATION to Shared Parental Leave** | | | | | | | |
| CURRENT SPL is booked as follows: | | |  | | | | |
| Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I had intended to take ShPP for the period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | | | | | | | |
| My partner was due to take SPL from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and ShPP for the period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | | | | | | | |
|  | |  | | | | | |
| REVISED dates that I wish to take as SPL and ShPP as follows: | | | | | | | |
| Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I intend to take ShPP Yes / No (please delete) If yes, dates must be provided below.  I wish to take ShPP for the period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | | | | | | | |
| My Partner will be taking SPL as follows: Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My partner intends to take ShPP Yes / No (please delete) If yes, dates must be provided below.  for the period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | | | | | | | |
| **CANCELLATION of Shared Parental Leave (Cancelling decision to end Maternity/Adoption Leave) – only applicable if:**  **The planned Maternity / Adoption leave end date hasn’t passed AND you haven’t already returned to work.** | | | | | | | |
| Dates of SPL to be cancelled:  From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Along with the two conditions mentioned above, at least one of the following must apply: (please specify)** | | | | | | | |
| Neither partner is eligible for either SPL or ShPP or | | | | | | Yes / No | |
| The employee’s partner has died or | | | | | | Yes / No | |
| It is less than 6 weeks after the birth (and the mother gave notice before the birth) | | | | | | Yes / No | |
|  | | | | | | | |
| I request authority for the above variation/Cancellation to my Shared Parental leave, as above. I understand that alterations to leave requested can be declined / postponed in exceptional circumstances and a written explanation will be provided. | | | | | | | |
| I have read and understood the Shared Parental Leave information within the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy, including my entitlement to time off and the responsibilities of both myself and my manager. | | | | | | | |
| Applicant Signature: | | |  | | | | |
| I confirm that the mother / adopter has given a notice of entitlement to his or her employer and that the mother / adopter consents to me taking the leave set out in the notice of that entitlement.  I confirm that the information given is accurate and that we will inform the Human Resources department as soon as reasonably practicable if we are no longer responsible for the care of the child. | | | | | | | |
|  | | | | | | | |
| **Applicant Signature:** | | | **Date:** | | | | |
| **Partner’s Signature:** | | | **Date:** | | | | |
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| **To be completed by Manager** |
| I authorise this application for the Variation / Cancellation of Shared Parental Leave  Yes / No (please delete)  **OR**  I wish to decline / defer this application for Parental Leave.  This is for the following reason(s):  Therefore Shared Parental Leave will commence as follows (unless a new application is submitted):  Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have discussed this with the applicant and the new date has been agreed. |
| **Manager Signature:** |
| **Date:** |
| **Job Title:** |
|  |

# Shared Parental Leave In Touch (SPLIT) Days Record

**Please record any hours worked as Shared Parental Leave In Touch days whilst on Shared Parental Leave, in the table below. Payment for hours worked will be paid when the employee returns to work.**

|  |  |
| --- | --- |
| **Employee Name:** | **Base:** |
| **Assignment Number:** | **Block of leave:**  **First / Second / Third**  **(delete as appropriate.)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Week number of leave** | **Start time** | **Finish time** | | **Total hours worked (excluding breaks)** | **Please indicate:**  **time in lieu or payment** |
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| **Employee Signature:** | | | | **Date:** | | |
| **Manager Signature:** | | | | **Date:** | | |

Once signed by both employee and Manager, please forward a copy to:- Human Resources Team, eMBED Health Consortium, Health House, Grange Park Lane, Willerby, HU10 6DT