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**NOTICE OF ENTITLEMENT AND INTENTION**

**TO TAKE SHARED PARENTAL LEAVE FORM**

Employees with a child due to be born or placed for adoption on or after 5th April 2015 who wish to take shared parental leave (ShPL) to share the main caring responsibilities with the other parent/partner must submit this form to their line manager at least eight weeks before the start date of the first period of ShPL.

To be entitled to ShPL you must:

* be the mother, father or main adopter/intended parent of the child, or partner of the mother or main adopter/intended parent (referred to in this form as parent)
* have (or share with the other parent) the main responsibility for the care of the child
* have at least 26 weeks continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified as having been matched for adoption with the child (known as the relevant week)
* still be in continuous employment until the week before any ShPL is taken.

The other parent must have at least 26 weeks employment (employed or self-employed) out of the 66 weeks prior to the relevant week and have average weekly earnings of at least £30 during at least 13 of those weeks.

Please refer to the Shared Parental Leave area of the Work Life Balance Policy before completing this form.

**Section 1 - Basic Details**

|  |  |
| --- | --- |
| Employee Name: |  |
|  |  |
| Pay Number  |  |
|  |  |
| Child's expected date of birth/date of placement for adoption |  |
|  |  |
| Child's actual date of birth/date of placement for adoption (if known) |  |
|  |  |
| Start date of mother/main adopter's/intended parent's maternity/adoption/surrogacy leave (or pay period **\***) |  |
|  |  |
| End date of mother/main adopter's/ intended parent's maternity/adoption/surrogacy leave (or pay period **\***) |  |

**\*** the start and end dates of the statutory maternity/adoption/surrogacy pay or maternity allowance period if the mother/main adopter/intended parent is not entitled to statutory leave

**Section 2 - Shared Parental Leave Details**

The total amount available is 52 weeks minus the number of weeks leave/pay already taken by the mother/main adopter/intended parent according to the dates given in Section 1.

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of weeks ShPL available |  |  |  |
|  |  |
| Number of weeks ShPL you intend to take |  |  | Number of weeks ShPL the other parent intends to take |  |
|  |  |
| Indication of start and end dates of ShPL that you intend to take |  |
| *This indication is non-binding. You must submit a formal period of leave notice for each period of ShPL you wish to request for it to be binding.**Complete the section below if you wish your request for any/all of these periods of leave to be treated as a period of leave notice* |
|  |
| Do you wish the dates indicates for the period/s of leave to constitute a formal (binding) period of leave notice? Delete as applicable |
| **Yes/No** | Yes for the following dates only: |  |

**Section 3 - Shared Parental Pay Details**

The total amount of shared parental pay (ShPP) which may be available is 39 weeks minus the number of weeks pay already taken by the mother/main adopter/intended parent according to the dates given in Section1.

|  |  |  |
| --- | --- | --- |
| Total number of weeks ShPP available |  |  |
|  |  |
| Number of weeks ShPP you intend to claim |  |  | Number of weeks ShPP the other parent intends to claim |  |
|  |  |
| Indication of start and end dates of your ShPP periods |  |

**Section 4 - Employee notice of curtailment of maternity/adoption/surrogacy leave**

Complete this section if you are the employee named in this notice and you are the mother or main adopter or intended parent. You must give at least eight weeks notice of your curtailment date. If you are entitled to maternity leave the curtailment date must be at least two weeks after the birth of your child (four weeks if you work in a factory).

I wish my maternity leave to end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date)

**Section 5 - Employee Declaration**

I confirm that I meet the following conditions:

* I am the mother, father or main adopter or intended parent of the child, or the partner of the mother or main adopter
* I have (or share with the other parent) the main responsibility for the care of the child and am taking ShPL in order to care for the child
* I have at least 26 weeks continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the relevant week)
* I intend to be in continuous employment until the week before any ShPL is taken
* If I am claiming shared parental pay I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week
* I agree to inform the Council immediately if I cease to meet the conditions for entitlement to ShPL or ShPP

If you are the mother or main adopter or intended parent:

* I have submitted a curtailment of maternity/adoption/surrogacy leave notice by completing Section 4 above

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Section 6 Declaration of Other Parent**

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Address** |  |
|  |  |
| **National Insurance Number** |  |

I confirm that I meet the following conditions:

* I have at least 26 weeks employment (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected date of birth or at the week in which the main adopter was notified as having been matched for adoption with the child (known as the relevant week)
* I have average weekly earnings of at least £30 during at least 13 weeks of the 66 weeks prior to the relevant week
* I agree to inform your employee immediately if I cease to meet the two conditions above
* I consent to your employee taking ShPL and ShPP as set out in Sections 2 and 3 above

If you are the mother/main adopter/intended parent:

* I have curtailed my maternity leave and pay/adoption/surrogacy leave and pay/maternity allowance or will have done so by the time your employee starts ShPL

I consent to you processing the information contained within the declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |