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| SPL Form 2B: Father/Partner  Shared Parental Leave Notice of Entitlement form | | | |
| **Guidance** | | | |
| If you are a father/partner, you should complete this form to confirm your entitlement to SPL and to give a non-binding indication of how much leave and pay you wish to take and when.  Please read the [Shared Parental Leave Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) for more information about SPL and the terms used.  You must submit the form at least 8 weeks before the first intended period of SPL. If you cannot give 8 weeks’ notice, for example, because your baby was born prematurely, please contact your College/Professional Services Group HR before submitting this form. | | | |
| **Section 1: Personal Details (Father/Partner)** | | | |
| Name: |  | | |
| Employee Number: |  | | |
| Department/School: |  | | |
| Manager Name: |  | | |
| Manager Email: |  | | |
| **Section 2: Mother/Lead Adopter Details** | | | |
| Name: | | NI Number: | |
| |  |  | | --- | --- | | Address line 1: |  | | Address line 2: |  | | Address line 3: |  | | Postcode: |  | | | | |
| Employed by University of Edinburgh: Y  N  If Yes, Department/ School: | | | |
| **Section 3: Maternity/Adoption Leave and Pay Details** | | | |
| * 1. Child's **expected** or **actual** date of birth/placement for adoption (dd/mm/yyyy): | | |  |
| * 1. Start date of maternity/adoption leave (dd/mm/yyyy): | | |  |
| * 1. Planned end date of maternity/adoption leave (dd/mm/yyyy): | | |  |
| |  |  |  | | --- | --- | --- | |  | **Leave** | **Statutory pay** | | 1. Total shared entitlement (weeks): | *52* | *39* | | | 1. Number of weeks maternity/adoption leave and statutory pay taken/ to be taken: |  |  | | 1. Remaining available for SPL: | 52 | 39 | | 1. Total number of weeks of SPL I intend to take: |  |  |  * 1. Please complete the fields in parts **b** & **d** below: | | | |
| **Section 4: Non-binding intention to take Shared Parental Leave** | | | |
| I intend to take SPL on the following dates\*\*:  Add the start and end date of each period of leave plus the number of weeks to be taken in each period.   |  |  |  | | --- | --- | --- | | **Start Date (dd/mm/yyyy)** | **End Date (dd/mm/yyyy)** | **Total number of weeks’ SPL** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Remember\*\*:**   * SPL must be taken in whole weeks, but can start and end on any day of the week. Start and end dates must cover full weeks, i.e. blocks of 7 calendar days. * SPL must be taken before the first anniversary of your child’s birth/placement. * The total number of weeks cannot exceed the number available (as detailed in Section 3).   You can book your time off at the same time as submitting this notice of eligibility to take SPL. To do so, please complete Booking Notice 3B (continuous leave) or 4B (discontinuous leave). If plans have yet to finalised, Booking Notices can be submitted at a later date, provided you give at least 8 weeks’ notice before the first period of SPL. | | | |

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| **Section 5: Declaration and Signature of Father/Partner** | |
| I declare that:   * Apart from my partner, I have/will have the main responsibility for the care of my child; * My partner meets the ‘employment and earnings’ test for SPL; * My partner is entitled to statutory maternity/adoption leave or statutory maternity/ adoption pay/allowance; * My partner has returned to work/given notice to curtail their maternity/adoption leave and pay; * I will inform my manager and my College/Professional Services Group HR Team immediately if I or my partner cease to satisfy the conditions for entitlement to SPL or ShPP; * I understand that the University of Edinburgh may share information with my partner’s employer and/or HMRC for the purposes of administering SPL and statutory ShPP (subject to Data Protection Requirements); and * The information in this application is accurate. | |
| Signature: | Date (dd/mm/yyyy): |
| **Section 6: Declaration and Signature of Mother/Lead Adopter** **– please print and sign/date** | |
| I declare that:   * Apart from my partner, I have/will have the main responsibility for the care of my child; * I meet the statutory ‘employment and earnings’ tests for SPL; * I am entitled to statutory maternity/adoption leave or statutory maternity/ adoption pay/allowance; * I have returned to work/given notice to curtail my maternity/adoption leave and pay ; * I understand that the University of Edinburgh may verify and share information with my employer and/or HMRC for the purposes of administering SPL and statutory ShPP (subject to Data Protection Requirements); and * The information in this application is accurate. | |
| Signature: | Date (dd/mm/yyyy): |
| **On completion submit this form through People and Money. HR will acknowledge receipt and notify your manager.** | |