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| SPL Form 3B: Father/Partner Booking Notice  Single Continuous Period of Shared Parental Leave | | |
| **Guidance** | | |
| If you are a Father/Partner, you should complete this form to request a **single, continuous block of leave*.*** Please use a separate form for each block of continuous leave.  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.  Partner (paternity) Leave is separate to Shared Parental Leave and must be taken before SPL starts. Refer to the [Partner Leave Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) for more information. | | |
| **Section 1: Personal Details (Father/Partner)** | | |
| Name: |  | |
| Employee Number: |  | |
| **Section 2: Birth/Placement Details** | | |
| Birth or Adoption/Surrogacy | | Choose an item. |
| **Expected** or **actual** date of birth/placement (dd/mm/yyyy): | |  |
| **Section 3: Leave and Pay Details – Booked/Taken Details** | | |
| Complete the details in line **B** to calculate the statutory entitlements received so far:   |  |  |  | | --- | --- | --- | |  | **Leave** | **Statutory Pay (ShPP only)\*\*** | | 1. Total shared entitlement (weeks): | 52 | 39 | | | 1. Weeks already taken/booked by you and/or the person you are sharing leave with (this includes Maternity leave and previous SPL bookings): |  |  | | 1. Remaining weeks available for SPL: | 52 | 39 |   \*\* Please speak to the College/ Professional Services Group HR Team for more information regarding eligibility. All University employees are eligible for University enhanced pay, even if they are not eligible to receive statutory payments. If that applies to you, please disregard the Statutory Pay column | | |

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| **Section 4: Leave Dates and Pay Options – Request Details** | |
| Complete the table below to detail the pay arrangements for this booking period. Start and end dates must cover full weeks, i.e. blocks of 7 calendar days. Please add additional lines if needed. If you have any questions please contact your HR Team for assistance.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Start Date (dd/mm/yyyy)** | **End Date**  **(dd/mm/yyyy)** | **Total number**  **of weeks’ SPL** | **Pay category** (select relevant box) | | | | | **Full pay** | **Half pay** | **ShPP** | **Unpaid** | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | | **Total number of weeks\*\***: | | 0 |  | | | |   \*\*Total number of weeks cannot exceed ‘Remaining weeks available for SPL’ in Section 3. | |
| **Section 5: Signature** | |
| Signature: | Date (dd/mm/yyyy): |
| **On completion attach this form to a Service Request with Interim Form SPL as the category within People and Money. HR will acknowledge receipt and notify your manager(s).** | |