|  |  |  |
| --- | --- | --- |
| SPL Form 4B: Father/Partner Booking Notice  Discontinuous Periods of Shared Parental Leave | | |
| **Guidance** | | |
| If you are a Father/Partner, you should complete this form to request **multiple blocks of leave, punctuated by periods of work** (e.g. 4 weeks of SPL, 4 weeks at work, 4 weeks of SPL). As outlined in Section 6 of the University Shared Parental Leave Policy, such a pattern of leave is required to be considered and authorised by your manager and could be refused. Therefore, please discuss this request with your line manager in the first instance. If approved, your manager will submit this form to HR via People and Money. Alternatively, as long as you do not exceed three separate blocks of leave, separate continuous leave booking notices (Form 3B) could be used for each of the separate blocks of 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. Further information is available at: [Partner Leave policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance). | | |
| **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 fields 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 | | |

|  |  |
| --- | --- |
| **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 option** (select relevant box) | | | | | **Full pay** | **Half pay** | **ShPP** | **Unpaid** | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 0 |  |  |  |  | |  |  | 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: Employee Signature** | |
| Signature: | Date (dd/mm/yyyy): |
| Section 6: Manager Approval \*\*\* |  |
| Signature: | Date (dd/mm/yyyy): |
| Name and position: | |
| \*\*\*If the request cannot be approved, please refer to section 4.2 of the Shared Parental Leave policy for more information.  On approval, Line Managers must attach this form to a Service Request using the category Interim Form Shared Parental Leave within People and Money. HR will acknowledge receipt and confirm SPL arrangements to you directly, in writing. | |