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| Shared Parental Leave Form 1:  Curtailment and Notice of Entitlement  and Curtailment form | | | | | |
| **Guidance** | | | | | |
| You should complete this form to initiate Shared Parental Leave (SPL). If you are/will be on maternity or adoption leave you should first complete Sections 1 and 2, to curtail your current leave. If you also plan to take SPL, please continue to Section 3: Notice of Entitlement.  If you are the partner and want to take SPL, please complete Section 1 and then move on to Section 3: Notice of Entitlement.  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. | | | | | |
| **Section 1: Personal Details** | | | | | |
| Name: |  | | | | |
| Employee Number: |  | | | | |
| Department/School: |  | | | | |
| Manager Name: |  | | | | |
| Manager Email: |  | | | | |
| Please indicate: | I am the Mother/Lead Adopter  (go to Section 2) | | I am the Father/Partner  (go to Section 3) | | |
| **Section 2: Curtailment**  You should complete this section if you are the **Mother/Lead Adopter** and wish to curtail your maternity/adoption leave (and pay) to allow you/your partner to take SPL. | | | | | |
| Date I wish to curtail i.e. end my Maternity/Adoption leave and pay (dd/mm/yyyy): | | |  | | |
| I confirm that the curtailment/end date is at least 2 weeks after my child was born/placed with me for adoption | | |  | | |
| I confirm that I am giving at least 8 weeks’ notice before my partner or I take SPL Y  N  If no, please provide reason | | | | | |
| I intend to take SPL myself: | | | Y  N | | |
| **If you are taking SPL you must complete the rest of the form. If you are not taking SPL sign below and attach this form to a Service Request with Interim form Shared Parental Leave as the category within People and Money. HR will acknowledge receipt and notify your manager(s).** | | | | | |
| Signature: | | Date (dd/mm/yyyy): | | | |
| **Section 3: Notice of Entitlement**  You should complete this section if you plan to take Shared Parental Leave. | | | | | |
| 1. **Your Partner’s 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: | | | | | |
| 1. **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): | | | | |  |
| * 1. Please complete the fields in parts **b** & **d** below:  |  |  |  | | --- | --- | --- | |  | **Leave** | **Statutory pay** | | 1. Total shared entitlement (weeks): | *52* | *39* | | | 1. Number of weeks maternity/adoption leave and statutory pay taken/ to be taken by mother/lead adopter: |  |  | | 1. Remaining entitlement available for SPL: | 52 | 39 | | 1. Total number of weeks of SPL I intend to take: |  |  | | 1. Total number of days (auto-populated) | 0 | 0 | | | | | | |
| 1. **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 taken in each period.   |  |  |  |  | | --- | --- | --- | --- | | **Start Date (dd/mm/yyyy)** | **End Date (dd/mm/yyyy)** | **Total number of weeks’ SPL** | **Total number of days SPL** | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 | |  |  |  | 0 |   **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 3.4).   HR Operations will check your entitlement, and let you know when you can book your leave. To book leave, submit the appropriate Booking Notice form through a Service Request in People and Money. | | | | | |
| 1. **Pay Options** | | | | | |
| I intend to take the following pay option\*\*:  **Remember\*\*:**  If you are undecided about returning to work after SPL, you should opt to take Option 3 (Statutory pay only) – see section 5.2 of the [Shared Parental Leave Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance). | | | | | |
| 1. **Declaration and Signature of Applicant** | | | | | |
| I declare that:   * Apart from my partner, I have/will have the main responsibility for the care of my child; * For Mother/Lead Adopter only – I have returned to work/given notice to curtail my maternity/adoption leave and pay; * My partner meets the ‘employment and earnings’ test for SPL; * I am/my partner is entitled to statutory maternity/adoption leave or statutory maternity/adoption pay/allowance; * I will inform my manager and HR 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): | |
| 1. **Declaration and Signature of Partner of Applicant** | | | | | |
| I declare that:   * Apart from my partner, I have/will have the main responsibility for the care of my child; * For Mother/Lead Adopter only – I have returned to work/given notice to curtail my maternity/adoption leave and pay; * I meet the statutory ‘employment and earnings’ tests for SPL; * I am/my partner is entitled to statutory maternity/adoption leave or statutory maternity/ adoption pay/allowance; * 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, attach this form to a Service Request with Interim Form Shared Parental Leave as the category within People and Money. HR will acknowledge receipt and notify your manager(s).** | | | | | |