**Shared Parental Leave Notification Form**

**Shared Parental Leave (SPL) is only applicable where the Expected Week of Childbirth or Placement (EWC/EWP) is on or after 5 April 2015**

**Please note this form must be submitted at least 8 weeks before the intended start of SPL.**

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| 1. **Employee Details**   **(To be completed by the employee)** | | |
| Employee’s Full Name |  | |
| School/Unit/Residence |  | |
| Staff ID Number |  | |
| National Insurance Number |  | |
| Expected week of Childbirth or Expected Week of Placement |  | |
| **I am the:** | | **Please select** |
| **Birth mother** | |  |
| **Child’s father** | |  |
| **Mother’s partner** | |  |
| **Primary adopter** | |  |
| **Secondary adopter** | |  |

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| 1. **Details of Child**   **(To be completed by employee)** | | |
| Actual Date of Birth or Date of Placement |  | |
| Child’s Full Name (If known) |  | |
| Date on which the mother or main adopter commenced (or will commence) maternity/adoption leave |  | |
| **You must enclose one of the following documents with this form** | | **Please select** |
| In the case of biological parents, a copy of the child's birth certificate, or where one has not been issued, a completed MATB1 form signed by a registered midwife or General Practitioner. | |  |
| In the case of an adopted child, documentary evidence of the name and address of the adoption agency, the date on which you were notified of having been matched with the child and the date on which the agency expects to place the child for adoption. | |  |

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| 1. **Notice of curtailment of maternity / adoption leave** | | |
| In order to create an entitlement to Shared Parental Leave, the mother/adopter must give notice to curtail their entitlement to maternity/adoption leave. This must be at least 2 weeks after birth/adoption. | | |
| Please complete **either** box **1** or **2** depending on whether you are: | | |
| **1** | **The mother or main adopter** | **Date** |
| I wish my maternity/adoption leave and/or pay (if applicable) to end on the following date | |  |
| **2** | **The partner (of the mother or main adopter)** | **Date** |
| I confirm my partners maternity/adoption leave ended (or they have given formal notice for it to end) on the following date | |  |

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| 1. **Shared Parental Leave / Pay Details** | |  |
| **Total Leave/Pay Entitlement (Both Parents Combined)** | | **Weeks** |
| Enter the total number of weeks of **Shared Parental Leave** available to both parents combined:  (i.e. 52 weeks minus the number of weeks maternity/adoption leave/pay taken or to be taken) | |  |
| Enter the total number of weeks of **Shared Parental Pay** (ShPP) available to both parents combined:  (i.e. 39 weeks minus the number of weeks’ pay taken or to be taken) | |  |
| **How Leave/Pay will be shared between each parent?** | **Leave** | **Pay** |
| Number of weeks of Shared Parental Leave / Pay **you** intend to take |  |  |
| Number of weeks of Shared Parental Leave / Pay the **other parent** intends to take (if applicable) |  |  |

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| 1. **University’s Enhanced Shared Parental Pay** | | |
| **You should only complete this section if you meet the eligibility criteria to receive the University’s enhanced ShPP package** | | |
| **How will the enhanced pay be shared?** | **Mother/Primary Adopter** | **Biological father, Spouse, Civil partner, Partner (if employed by the University)** |
| **Name** |  |  |
| **Number of weeks of enhanced ShPP package (up to a maximum of 14)** |  |  |
| **Please note the enhanced ShPP must be exhausted by the end of the 16th week follow adoption or birth.** | | |

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| 1. **Dates of Shared Parental Leave and Pay – proposed dates** | | | |
| **Please provide the start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that you intend to take. This should tally with the number of weeks indicated above.** | | | |
| **Shared Parental Leave Dates (To – From)** | Total Weeks | **Shared Parental Pay**  **Dates (To -From)** | Total Weeks |
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| 1. **Dates of Shared Parental Leave and Pay – Dates Already Taken (if applicable)** | | | |
| **Please provide the details of any Shared Parental Leave (and Pay, if eligible) you have already taken (or are taking at present).** | | | |
| **Shared Parental Leave Dates (To – From)** | Total Weeks | **Shared Parental Pay Dates (To -From)** | Total Weeks |
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| 1. **Declarations of Eligibility** |
| Declarations of eligibility must be provided by both the employee and their partner. There are separate eligibility criteria for shared parental leave and shared parental pay. Where both partners are employees of the University, each individual will still need to complete and submit their own form to their own Head of School/Unit. |

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| 1. **Employee** | | | | |
| **9.1 Declaration of Eligibility for Shared Parental Leave (SPL)** | | | | **Please select all that apply** |
| I am the mother, adopter or father of the child or the spouse, civil partner or partner of the child’s mother/adopter. | | | |  |
| At the date of the child’s birth/adoption, I will share the main responsibility (with the other parent) for the care of the child | | | |  |
| I confirm that the mother/adopter **is/was** entitled to statutory maternity/adoption leave and has ended or given notice to end their entitlement to this. | | | |  |
| If the mother/adopter isn’t/wasn’t entitled to statutory maternity/adoption leave, I confirm that they are/were entitled to statutory maternity/adoption pay or maternity allowance and have ended or given notice to end their entitlement to this. | | | |  |
| I am the mother/main adopter and I am/was entitled to statutory maternity/adoption leave and have ended or given notice to end my entitlement to this. | | | |  |
| I had/will have a minimum of 26 weeks’ continuous service at the end of the 15th week before the child’s expected due date/matching date and I intend to be employed by the University at the start of each period of Shared Parental Leave. | | | |  |
| For employees normally entitled to paternity leave - I understand that am not entitled to take Statutory Paternity Leave after taking Shared Parental Leave | | | |  |
| I intend to return to work after my final period of SPL | | | |  |
| **9.2 Declaration of Eligibility for Shared Parental Pay (ShPP)** | | | | **Please select all that apply** |
| I confirm that the mother/adopter is/was entitled to statutory maternity/adoption pay or maternity allowance and has ended (or given notice to end) their entitlement to this. | | | |  |
| I am the mother/adopter and I am/was entitled to statutory maternity/adoption pay or maternity allowance and have ended (or given notice to end) my entitlement to this. | | | |  |
| I confirm that I have had/will have had average weekly earnings, for the period of 8 weeks leading up to and including the 15th week before the child’s expected due date/matching date, which were/will be no less than the Lower Earnings Limit in force for National Insurance Contributions | | | |  |
| **9.3 Summary** | | | | **Please select all that apply** |
| I have correctly notified the University of my entitlement and will comply with the notice requirements, as outlined in the Shared Parental Leave Policy, for any periods of leave requested (or varied). | | | |  |
| The information I have provided is accurate and I will immediately inform the University if I cease to care for the child or if my eligibility to Shared Parental Leave changes/ceases. | | | |  |
| **Signed:** |  | **Date:** |  | |

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| 1. **Other Parent** | | |
| **10.1 Declaration of Eligibility** | **Please select all that apply** | |
| I am the mother, adopter or father of the child or the spouse, civil partner or partner of the child’s mother/adopter. |  | |
| At the date of the child’s birth/adoption, I will share the main responsibility (with the other parent) for the care of the child. |  | |
| I have worked/will work for at least 26 weeks out of the 66 weeks leading up to my child’s due date/matching date and in that time earned/will earn an average of at least £30 per week in any 13 of those weeks. |  | |
| I consent to the amount of Shared Parental Leave (and pay if applicable) that my partner wishes to take and confirm that Section 3 has been completed accurately |  | |
| **10.2 Other Parent – Additional Declarations (If you are the mother/adopter)** | | **Please select all that apply** |
| I have ended or given notice to my employer to end my maternity/adoption leave entitlement (including my entitlement to statutory maternity/adoption pay or maternity allowance if applicable) and this has been correctly recorded by my partner in Section 2. |  | |
| I will immediately inform my partner if I no longer meet the requirements to curtail my maternity or adoption leave (and pay if applicable). |  | |
| I consent to the University of St Andrews processing the information provided in this form. |  | |

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| 1. **Dates of Shared Parental Leave and Pay – proposed dates** | | | |
| Please provide the start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that **the other parent** intends to take. This should tally with the number of weeks indicated above. | | | |
| **Shared Parental Leave Dates (To – From)** | Total Weeks | **Shared Parental Pay**  **Dates (To -From)** | Total Weeks |
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| 1. **Dates of Shared Parental Leave and Pay – Dates Already Taken (if applicable)** | | | |
| Please provide the details of any Shared Parental Leave (and Pay, if eligible) **the other parent** has already taken (or are taking at present). | | | |
| **Shared Parental Leave Dates (To – From)** | Total Weeks | **Shared Parental Pay Dates (To -From)** | Total Weeks |
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| 1. **Additional Details of Other Parent (Required)** | | | | |
| **Name** | |  | | |
| **NI Number** | |  | | |
| **Address** | |  | | |
| **Name and Address of Employer**  ***(Or state if self-employed)*** | |  | | |
| **Name of HR Contact at partners employer:** | |  | | |
| **Signed:** |  | | **Date:** |  |

**Please note if any of the details you or your spouse/partner have provided change, you must notify Human Resources immediately as this could result in a change to your entitlements.**

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| 1. **To be completed by the Head of School/Unit** | | | |
| **Continuous period of leave** | | **Approved** |  |
| **Discontinuous period of leave** | | **Approved** |  |
| **Rejected** |  |
| **Amended** |  |
| **New SPL dates** |  |
| **Date of discussion with employee (if applicable)** | |  | |
| **Signature:** |  | **Date:** |  |
| **Completed forms should be returned to Human Resources.** | | | |