



NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE

↓ Download and save this form before completing. Although the text boxes have a limit, you can write more but will need to scroll down. The form does not need to be printed but can be emailed and signed electronically (see guidance at the end of this form).

Employees who wish to take shared parental leave (SPL) to share the main caring responsibilities with the other parent/partner must submit this form to their [HR employee relations adviser](#) with a copy to their line manager at least 8 weeks before the start date of the first period of SPL.

Please refer to the University's [Shared Parental Leave policy](#) for details on eligibility and further information before completing this form.

| | | |
|--|--|--|
| EMPLOYEE'S DETAILS | | |
| Surname: | Forenames: | Title: |
| Department/Section/Centre: | | |
| Telephone number: | Email address: | |
| I am an employee of the University of Essex <input type="checkbox"/> (Please tick) | | |
| Please note that only employees of the University are eligible to receive shared parental leave/pay from the University. | | |
| I am the child's: | <input type="checkbox"/> Birth mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Primary adopter | <input type="checkbox"/> Secondary adopter |
| | | <input type="checkbox"/> Mother's partner |

| | | |
|---|--|--|
| PARTNER'S DETAILS | | |
| Surname: | Forenames: | Title: |
| Partner's National Insurance (NI) Number: | | |
| Partner's Telephone number: | Partner's Email address: | |
| My partner is the child's: | <input type="checkbox"/> Birth mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Primary adopter | <input type="checkbox"/> Secondary adopter |
| My partner is: | <input type="checkbox"/> Employed | <input type="checkbox"/> Self-employed |
| | | <input type="checkbox"/> Mother's partner |
| PARTNER'S EMPLOYMENT DETAILS | | |
| Employer's name: | Employer's address: | |
| Tel. number of line manager: | Email address of line manager: | |

| SHARED PARENTAL 'LEAVE' DETAILS | | | |
|--|--|------------------------------|--|
| If you are the birth mother, child's father or mother's partner: | | | |
| Start date of maternity leave: | | End date of maternity leave: | |
| Number of weeks maternity leave taken: | | weeks | |
| If you are the primary adopter or secondary adopter: | | | |
| Start date of adoption leave: | | End date of adoption leave: | |
| Number of weeks adoption leave taken: | | weeks | |

| SHARED PARENTAL LEAVE | |
|--|--|
| Number of shared parental leave weeks available: | weeks (52 weeks minus the number of week's maternity/adoption leave taken or to be taken) |
| Total number of weeks of shared parental leave you will take: | weeks |
| Total number of shared parental leave weeks your partner will take (if any): | weeks |

| SHARED PARENTAL 'PAY' DETAILS | |
|--|--|
| Total number of weeks of shared parental pay available: | weeks (The total amount of shared parental pay which may be available is 39 weeks minus the number of weeks' pay already taken by the mother/primary adopter) |
| The total number of weeks pay you wish to receive: | weeks |
| Total number of weeks pay your partner will claim (from his/her employer): | weeks |

If you wish to book, please complete a ['Notice to Book Shared Parental Leave'](#)

EMPLOYEE DECLARATION**I confirm that I meet the following conditions:**

- I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter;
- I have (or share with the other parent) the main responsibility for the care of the child and I am taking shared parental leave in order to care for the child;
- I have at least 26 weeks' continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the 'relevant week');
- I intend to be in continuous employment until the week before any shared parental leave is taken;
- (If I am claiming any form of shared parental pay) I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week;
- I agree to inform the University immediately if I cease to meet the conditions for entitlement to shared parental leave or shared parental pay

If you are the mother/main adopter:

- I have submitted a maternity/adoption curtailment notice

Employee Name:

Employee Signature:

Date:

DECLARATION OF PARTNER**I confirm that I meet the following conditions:**

- I have least 26 weeks' employment (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the 'relevant week');
- I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week;
- I agree to inform your employee immediately if I cease to meet the two conditions above;
- I consent to your employee taking SPP and ShPP as set out in Sections 2 and 3 above.

If you are the mother/main adopter:

- I have curtailed my maternity leave and pay/adoption leave and pay/maternity allowance or will have done so by the time your employee starts shared parental leave

I consent to you processing the information contained in this declaration. I understand that the University of Essex may contact my employer and/or HMRC to verify and share information.

Name:

Signature:

Date:

THIS APPLICATION FORM SHOULD BE SUBMITTED TO YOUR [HR EMPLOYEE RELATIONS ADVISER](#), WITH A COPY TO YOUR LINE MANAGER/HEAD OF DEPARTMENT **AT LEAST 8 WEEKS BEFORE** YOU INTEND TO START YOUR SHARED PARENTAL LEAVE.