



MATERNITY/ADOPTION CURTAILMENT NOTICE

↓ Download and save this form before completing.

- This form is online and it is not intended that it is printed - it can be emailed and signed electronically (see guidance at the end of this form*).
- Before completing this form, please read the [Family Leave Policy](#).
- Text boxes have a character limit - you can write more but it will not be visible if you choose to print it.

This form is to be completed if you (an employee of the University of Essex) wish to curtail (end) your maternity/adoption leave and pay so that your partner/ you or the both of you may enter into a shared parental leave/pay arrangement. Shared parental leave/pay cannot be taken until you (the mother/primary adopter) have submitted this notice of curtailment.

You must give at least 8 weeks' notice of your curtailment date. This should be at least 2 weeks after the birth/adoption of your child.

If you are in receipt of maternity allowance you must also submit a curtailment notice to your local Jobcentre Plus.

PERSONAL DETAILS	
Surname:	Fornames:
Department/Section/Centre:	
Home address:	Home telephone number:
	Personal email address:
I wish my maternity / adoption leave to end on:	

Employee Signature:

Date:

THIS APPLICATION FORM SHOULD BE SUBMITTED TO [HR](#), WITH A COPY TO YOUR LINE MANAGER **AT LEAST 8 WEEKS BEFORE** YOU WISH ANY PERIOD OF SHARED PARENTAL LEAVE/PAY TO START.

* To sign the form, click "fill and sign" and then "sign". Signatures can be done in three ways: typing your name, writing your signature using your mouse, uploading a JPEG image of your signature. Once signed, the form cannot be amended - this is to protect the form.

Before you print: remember, this form is not intended to be printed. If any text boxes contain more text than the character limit, this will not be visible when printed.