



NOTICE TO BOOK SHARED PARENTAL LEAVE

↓ 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.

If you have not yet done so, you must also complete a [Notice of Entitlement and Intention](#) to take Shared Parental Leave form and a [Maternity/Adoption curtailment notice](#).

| 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 |

| CONFIRMATION OF ENTITLEMENT |
|--|
| <input type="checkbox"/> I confirm that my partner and I continue to be entitled to take shared parental leave as previously declared on my Notice of Entitlement and Intention to take Shared Parental Leave Form |

| PERIOD/S OF SHARED PARENTAL LEAVE | | |
|--|---|-----------------|
| I will take the following period/s of Shared Parental Leave (please note this should be in blocks of whole weeks). | | |
| 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 | |
| Start date | End date | Number of weeks |
| | | |
| | | |
| | | |
| Total number of shared parental leave weeks your partner will take (if any): | weeks | |
| Start date | End date | Number of weeks |
| | | |
| | | |
| | | |

CONT.

| 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 |
| Start date | End date | Number of weeks |
| | | |
| | | |
| | | |
| Number of weeks pay your partner wishes claim (if any): | | weeks |
| Start date | End date | Number of weeks |
| | | |
| | | |
| | | |

Employee Name:

Employee Signature:

Date:

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

* 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.