



# Notice to book

## Shared Parental leave

Download and save this form before completing.

- This form is not intended to be printed - it can be completed electronically.
- 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.

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			
Title:	Forenames:		Surname:
Department/Section/Centre:			
Telephone number:		Email address:	
I am an employee of the University of Essex (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:	Birth mother	Father	Mother's partner
	Primary adopter	Secondary adopter	

## Confirmation of Entitlement

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

## Periods 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** (50 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 weeks of shared parental leave you will take: **weeks**

Start date	End date	Number of weeks

Total number of weeks of shared parental leave you will take: **weeks**

Cont.

Shared Parental 'Pay' Details		
Total number of weeks of shared parental pay available:		<b>weeks</b> (The total amount of shared parental pay which may be available is 37 weeks minus the number of weeks' pay already taken by the mother/primary adopter)
The total number of weeks pay you wish to receive:		<b>weeks</b>
Start date	End date	Number of weeks
Number of weeks pay your partner wishes claim (if any):		<b>weeks</b>
Start date	End date	Number of weeks
Total number of weeks of shared parental leave you will take:		<b>weeks</b>

Signature (insert JPEG of signature or sign):	
Print name:	Date:

This application form should be submitted to People and Culture, with a copy to your Line Manager/Head of Department at least 8 weeks before you intend to start your shared parental leave.