**Notice of Entitlement and Intention**

**to take Shared Parental Leave**

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| Before completing this form, please read the Shared Parental Leave section in the UECS [Family Leave Policies](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff) document. |

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| You should download this form and save it on your computer before completing it. |

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| If you have not yet done so, you must also complete the [Maternity / Adoption Curtailment Notice](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff)If you wish to book Shared Parental Leave, you must also complete the [Notice to Book Shared Parental Leave](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff) |

**Employee Details**

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| --- | --- | --- | --- |
| **Surname:** | Click to enter text | **Forename/s:** | Click to enter text |
| **Department:** | Click to Select | **Contact Telephone Number:** | Click to enter text |
|  |  | **Contact Email Address:** | Click to enter text |
| **I am the child’s:** |
| Biological Mother: |[ ]  Biological Father: |[ ]  Mother’s Partner: |[ ]  Primary Adopter: |[ ]  Secondary Adopter: |[ ]

**Partner Details**

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| **Surname:** | Click to enter text | **Forename/s:** | Click to enter text |
| **Partner’s National Insurance (NI) Number:** | Click to enter text | **Contact Telephone Number:** | Click to enter text |
|  |  | **Contact Email Address:** | Click to enter text |
| **My partner is the child’s:** |
| Biological Mother: |[ ]  Biological Father: |[ ]  Mother’s Partner: |[ ]  Primary Adopter: |[ ]  Secondary Adopter: |[ ]

**Partner Employment Details**

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| **My partner is:** | Employed: |[ ]  Self Employed: |[ ]
| **Employer’s Name:** | Click to enter text | **Employers Address:** | Click to enter text |
| **Telephone no. of manager:** | Click to enter text | **Email address of manager:** | Click to enter text |

**Details of Shared Parental Leave**

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| If you are the biological mother, biological father or the mother’s partner: |
| **Start Date of Maternity Leave:** | **End Date of Maternity Leave:** | **Number of weeks Maternity Leave taken:** |
| Select Date … | Select Date … | Click to insert number of 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:** |
| Select Date … | Select Date … | Click to insert number of weeks |
| **Number of Shared Parental Leave weeks available** (50 weeks minus the number of weeks maternity / adoption leave taken or to be taken) | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Leave you will take:** | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Leave your partner will take:** | Click to insert number of weeks |

**Details of Shared Parental Pay**

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| **Number of weeks Shared Parental Pay available** (37 weeks minus the number of weeks’ pay already taken by the mother / primary adopter) | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Pay you choose to receive:** | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Pay your partner will claim (from their employer):** | Click to insert number of weeks |

**Employee Declaration**

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| I confirm that I am the mother, father, main adopter of the child or the partner of the mother or main adopter: |[ ]
| I confirm that I have the main responsibility for the care of the child, or I share it with the other parent, and I am taking Shared Parental Leave to care for the child: |[ ]
| I confirm that I have at least 26 weeks’ continuous service at the 15th week before the expected date of birth or at the week in which I was notified (as the main adopter) as having been matched with the child for adoption (known as the relevant week): |[ ]
| I confirm that I intend to be in continuous employment until the week before any Shared Parental Leave is taken: |[ ]
| I confirm that 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 8 week period ending with the relevant week:  |[ ]
| I confirm that I agree to inform UECS immediately if I cease to meet the conditions for entitlement to Shared Parental Leave or Shared Parental Pay: |[ ]
| **Print Name:** | Click to enter text | Date Signed: | Select Date … |
| **Signed:** |  |
| * Sign the form by either typing your name or uploading a JPEG image of your signature.
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**Partner Declaration**

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| I confirm that I have at least 26 weeks’ employment (employed or self-employed) out of the 66 week prior to the 15th week before the expected date of birth or at the week in which the main adopter was notified as having been matched with the child for adoption (known as the relevant week): |[ ]
| I confirm that I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week: |[ ]
| I confirm that I will inform your employee immediately if I cease to meet the two conditions above:  |[ ]
| I confirm that I consent to your employee taking Shared Parental Leave and Shared Parental Pay as detailed in this form: |[ ]
| **If you are the mother or main adopter:**I confirm that I have curtailed my maternity leave and pay / adoption leave and pay / maternity allowance or will have done so by the time your employee commences Shared Parental Leave: |[ ]
| **Print Name:** | Click to enter text | **Date Signed:** | Select Date … |
| **Signed:** |  |
| * Sign the form by either typing your name or uploading a JPEG image of your signature.
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| * Save the completed form and send it by email to People & Culture, and your manager.
* This form should be submitted at least 8 weeks before you intend to start your shared parental leave.
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