**Shared Parental Leave – ‘Notice of Entitlement’ and ‘Period of Leave’ Request**

Use this form to opt in to the shared parental leave scheme following the birth of a child. Please see our [Shared Parental Leave Policy](https://www.dundee.ac.uk/hr/policiesprocedures/worklife/sharedparentalleave/) for more information.

If you are the child’s birth parent/nominated first carer, you must also submit a signed [curtailment notice](Statutory%20maternity%20or%20adoption%20leave%20and%20pay%20curtailment%20notice.docx) to bring your maternity/adoption leave and pay entitlement to an end.

If you need any help with this form, in particular in working out your Shared Parental Leave entitlement in section D, please speak to Human Resources. It may also be useful to discuss your proposed pattern of leave with your manager and/or HR before completing the form.

**Please accept this as notification that I (the birth parent/nominated first carer’s partner) am entitled to and intend to take Shared Parental Leave (and Shared Parental Pay if Section E is completed).**

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| Section A: Personal Details |  |
| Employee’s full name: |  |
| Post Title: |  |
| Staff ID number: |  |
| Delete as appropriate: | I am the child’s birth parent/birth parent’s partner/elected parent |
| Child’s expected date of birth: |  |
| Child’s actual date of birth (if child not yet born I will provide this information as soon as possible and before I take any SPL): |  |

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| Section B: Partner’s Information |  |
| Full name: |  |
| Address: |  |
| National Insurance Number: |  |
| Employer’s name and address: |  |
| Delete as appropriate: | I am the birth parent/nominated first carer of the child and I am (or was) entitled to Maternity Leave/Adoption Leave, Statutory Maternity Pay/Statutory Adoption Pay or Maternity Allowance/Adoption Allowance. I have curtailed the aforementioned or will have done so by the time your employee starts parental leave.  OR  I am the partner of the birth parent/nominated first carer |

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| Section C: Maternity/Adoption Entitlement |  |
| Date co-parent started/will start ML/AL: |  |
| Date ML/AL ended or will end: |  |
| Total ML/AL (weeks): |  |
| Date co-parent’s SMP/SAP or MA/AA started/will start: |  |
| Date co-parent’s SMP/SAP or MA/AA ended/will end: |  |
| Total period of SMP/SAP or MA/AA (weeks): |  |

The total number of weeks of Shared Parental Leave available is 52 weeks minus the co-parent’s ML/AL period. If they are not entitled to ML/AL, it is 52 weeks minus the SMP/SAP or MA/AA period. If you require help working this out, please speak to HR.

Your first period of shared parental leave cannot start until at least eight weeks after you submit this opt-in notice and a period of leave notice.

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| Section D: SPL | (Shared Parental Leave) |
| Total SPL available (whole weeks): |  |
| Amount of SPL intended to be taken by you: |  |
| Amount of SPL intended to be taken by your co-parent: |  |
| Indication of dates of SPL: | **From: To:** |

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| Section E: Amount of ShPP available | (Shared Parental Pay) |
| Total no. of weeks of ShPP created:  (39 weeks less total number of SMP/SAP OR MA/AA taken and any ShPP paid from a previous notice and revocation) |  |
| Total no. of weeks of ShPP I (the partner) intend to take: |  |
| Total no. of weeks of ShPP the co-parent intends to take: |  |
| I (the partner) currently expect to take ShPP as follows: | **Start Date: End Date:   Start Date:  End Date:   Start Date: End Date:** |

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| Section F: Employee Declaration |
| I am giving notice that I am entitled to and intend to take Shared Parental Leave.  I am the parent of the child, or at the time of the birth I was (or will be) the birth parent/nominated first carer’s spouse, civil partner and/or partner living with them and the child in an enduring relationship.  I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due.  I will remain employed with the University of Dundee until any period of SPL that I intend to take.  I had (or will have) the main responsibility for the care of our child at the time of the child’s birth (along with my partner who has made the declaration below).  I will provide the University with a copy of my child’s birth certificate or a declaration of the date and place of birth where no certificate is available if my employer asks for this within 14 days of the date of this notice.  I will give the University the name and address of my partner’s employer or a declaration that they do not have an employer if the University requests this within 14 days of this notice.  I will inform the University immediately if I am no longer caring for our child or if my partner revokes their notice to curtail their ML/AL or SMP/SAP/MA/AA period.  The information provided in this declaration is accurate and meets the notification requirements for SPL.  The following points only apply if Section D has been completed:  I am giving notice that I am entitled to and intend to take ShPP.  I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth.  I intend to care for my child in the weeks I receive ShPP.   I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to).  I will remain employed with the University until before the date of my first period of ShPP.  The information provided in this declaration is correct.  Signed: …………………………………….  Date: |

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| Section G: Partner’s Declaration |
| I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the above declaration).  I am entitled to Maternity/Adoption Leave and/or Statutory Maternity/Adoption Pay or Maternity/Adoption Allowance and I have curtailed (or will curtail) my entitlement to this leave and/or pay/allowance.  I have, or will have, been employed for 26 weeks of the 66 weeks before the expected week of childbirth.  I have, or will have, earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth.  I will immediately inform my partner if I revoke my notice to curtail my maternity leave and/or pay entitlement.  I consent to my partner’s intended SPL as set out in Section D above.  I consent to my partner’s employer processing the information I have provided.  The information provided in this declaration is accurate and meets the notification requirements for SPL.  The following points only apply if Section E has been completed:  I am entitled to SMP/SAP or MA/AA, and I have reduced (or will reduce) the period of this, and the remainder will be available as ShPP.  I consent to my partner’s intended ShPP as set out in Section E above.  I will immediately inform my partner if I revoke the reduction of my SMP/SAP or MA/AA.  I consent to the University processing the information I have provided.  The information provided in this declaration is correct.    Signed: ……………….......................  Date: |