This form is for the use of **University of Aberdeen** staff (the mother of the child or the main adopter) to provide notification of an upcoming period of shared parental leave. Please read the Shared Parental Leave (referred to as SPL) Policy before completing this form.

Please submit this form to Human Resources – Employment Services Centre: [HR@abdn.ac.uk](mailto:HR@abdn.ac.uk)

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| **Section A General** |
| **Declaration :**  Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.  **Title:**      **First Name(s):**       **Last Name:** |
| **Section B Confirmation** |
| * I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) * I declare that my partner has given a notice to their employer to take SPL and/or ShPP. * I consent to my partner’s intended claim for SPL and/or ShPP.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 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 am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as 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 SPL) * I intend to care for my child in the weeks I receive ShPP * I will remain employed with this employer until before the date of my first period of ShPP * I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA * The information provided in this declaration is accurate |

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| **Section C Signature of Mother** | |
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| Signature of partner | Date: Click here to enter a date. |