This form is for the use of **University of Aberdeen** staff who are the partner (not the mother) of the child to provide notification of an upcoming period of shared parental leave. Please read the Shared Parental Leave Policy before completing this form.

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

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| **Section A PERSONAL DETAILS (to be completed in block capitals)** | | |
| Please accept this as notification that I (the mother’s partner) am entitled to and intend to take SPL (and ShPP if section C is completed). | | |
| **Employee ID Number:** | | |
| **Continuous Service Date:** Click here to enter a date. | | |
| **Title:**       **First Name(s):**       **Last Name:** | | |
| **Date of Birth:**       **National Insurance Number:** | | |
| **Address:**    **Post Code:**  **Contact Telephone Number:**       **Email:** | | |
| **Post Title:** | | |
| **Name of Line Manager:** Title:       First Name:       Last Name: | | |
| **Post Title:** | | |
| **School:** Choose an item. | **Section:** Choose an item. | |
| **Mother’s** **First Name(s):**       **Mother’s Last Name:** | | |
| **Mother’s Address:**    **Post Code:** | | |
| **Mother’s Employer’s Address:**    **Post Code:** | | |
| **Mother’s National Insurance Number:** | | |
| **Child’s expected date of birth** | | Date: Click here to enter a date. |
| **Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)** | | Date: Click here to enter a date. |

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| **Section B Maternity entitlement details (all answers that apply must be completed)** | |
| Date mother started (or intends to start) maternity leave (if applicable) | Date: Click here to enter a date. |
| Date mother’s maternity leave ended (or will end) (if applicable) | Date: Click here to enter a date. |
| Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends |  |
| Date mother started (or intends to start) SMP or MA (if applicable) | Date: Click here to enter a date. |
| Date mother’s SMP or MA ended (or will end) (if applicable) | Date: Click here to enter a date. |
| Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment |  |
| Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment) |  |
| **Section C Amount of SPL available (must be completed)** | |
| The total number of weeks of SPL created depends on the mothers leave and pay entitlements:   * If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken * If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken * If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid * If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted | |
| Total number of weeks of SPL created |  |
| Total number of weeks of SPL I (the partner) intend to take |  |
| Total number of weeks of SPL the mother intends to take (if applicable) |  |

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| **Section D Indication of Partner’s leave intentions (must be completed but is not binding)** | |
| I (the partner) currently expect to take SPL as follows: | Start Date: enter a date.  End Date: enter a date. |
|  | Start Date: enter a date.  End Date: enter a date. |
|  | Start Date: enter a date.  End Date: enter a date. |
| **Section E Amount of ShPP available (only complete if claiming ShPP)** | |
| Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation) |  |
| Total number of weeks of ShPP I (the partner) intend to take: |  |
| Total number of weeks of ShPP mother intends to take: |  |
| I (the partner) currently expect to take ShPP as follows: | Start Date: enter a date.  End Date: enter a date. |
|  | Start Date: enter a date.  End Date: enter a date. |
|  | Start Date: enter a date.  End Date: enter a date. |

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| **Section F EMPLOYEE DECLARATION** |
| **Declaration a – Returning to Post (Occupational Shared Parental Pay)**  I confirm I will be returning to post and utilising Option 1  Employee Undertaking:  I undertake to return to the employment of the University of Aberdeen for a minimum period of 6 months after the expiry of all leave for shared parental leave purposes. I understand that if I fail to comply with this undertaking I will be required to reimburse the University’s Occupational Shared Parental Pay paid to me over and above Statutory Shared Parental Pay (ShPP).  **Signed:**      **Date:**Click here to enter a date.  **or**  **Declaration b – Returning to Post (Statutory Shared Parental Pay)**  I confirm I will be returning to post and utilising Option 2  **Signed:**      **Date:**Click here to enter a date.  **or**  **Declaration c – Undecided**  I confirm I am undecided about returning to work after my period of Shared Parental Leave  I understand that my Human Resources Adviser will contact me 6 weeks after the Expected Week of Confinement to request confirmation of my decision. I confirm that I will respond within 2 weeks of their request.  **Signed:**      **Date:**Click here to enter a date.  **or**  **Declaration d – Not Returning to Post**  I confirm I will not be returning to work  I understand that I have the right to return to my post with the University of Aberdeen but have decided that I do not wish to return. I have enclosed a letter of resignation as per my contract of employment.  **Signed:**      **Date:**Click here to enter a date. |

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| **Section G Partner’s declaration (must be completed)** |
| **The following points apply in all circumstances:**   * I am giving notice that I am entitled to and intend to take SPL * I am the father of the child, or at the time of the birth I was/will be the mother’s spouse, the mother’s civil partner and/or the mother’s partner living with her 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 this employer 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 the child’s mother who has made the declaration below) * I will give my employer a copy of my child’s birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice * I will give my employer the name and address of the mother’s employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice * I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period * I (or my partner) have given a period of SPL notice * 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 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 SPL) * I will remain employed with this employer until before the date of my first period of ShPP   The information provided in this declaration is correct  **Signed:**      **Date:**Click here to enter a date. |

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| **Section H** |
| **The following points apply in all circumstances:**   * 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 declaration above) * I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA. * I have, or will have, been employed or self-employed in England, Scotland or Wales in 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 or, if I am not entitled to maternity leave, my SMP or MA 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 or MA, and I have reduced (or will reduce) the SMP or MA period 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 or MA * I consent to the person who will pay ShPP to my partner or the child’s father processing the information I have provided   The information provided in this declaration is correct  **Signed:**      **Date:**Click here to enter a date. |