This form is for the use of **University of Aberdeen** staff to provide notification of an upcoming period of shared parental leave. Please read the Shared Parental Leave Policy before completing this form.

Employees with a child born or placed for adoption on or after 5 April 2015 who wish to take shared parental leave (SPL) to share the main caring responsibilities with the other parent/partner must submit this form to the HR Department **at least eight weeks** before the start date of the first period of SPL (and for additional requests).

Please attach your **copy of MATB1 Certificate or Child’s birth Certificate/ Matching Certificate** to 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)** | |
| **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. |

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| **Section B KEY DATES** | |
| **Expected Week of Childbirth\*/Placement for Adoption**  **\*(EWC) –** This starts form the Sunday before the date in which your baby is due to be born | Date: Click here to enter a date. |
| **Child’s Actual Date Of Birth/Placement for Adoption (if known)** | Date: Click here to enter a date. |
| **Start Date of Mother/Main Adopter Maternity/Adoption Leave and Pay\***  \*The start and end dates of the statutory maternity/adoption pay or maternity allowance period if the mother/main adopter is not entitled to statutory leave. | Date: Click here to enter a date. |
| **End Date of Mother/Main Adopter Maternity/Adoption Leave and Pay\***  \*The start and end dates of the statutory maternity/adoption pay or maternity allowance period if the mother/main adopter is not entitled to statutory leave. | Date: Click here to enter a date. |

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| **Section C SHARED PARENTAL LEAVE DETAILS** | | |
| The total amount available is 52 weeks minus the number of weeks’ leave/pay already taken by the mother/main adopter according to the dates given in the previous section. | | |
| **Total Number of Weeks’ SPL Available** | |  |
| **Number of Weeks’ SPL You Intend to Take** | |  |
| **Number of Weeks’ SPL You Have Taken** | |  |
| **Number of Weeks’ SPL the Other Parent Intends to Take** | |  |
| **Number of Weeks’ SPL the Other Parent Has Already Taken**  **(if applicable)** | |  |
| **Indication of Start and End Dates of SPL that You Intend to Take**  This indication is non-binding. You must submit a formal period of leave notice for each period of SPL you wish to request for it to be binding. Complete the section below if you wish your request for any/all of these periods of leave to be treated as a period of leave notice. | |  |
| **Do you wish the dates indicated for the period(s) of leave to constitute a formal (binding) period of leave notice?** | | Choose an item. |
| The total amount of shared parental pay (ShPP) which may be available is 39 weeks minus the number of weeks’ pay already taken by the mother/main adopter according to the dates given in **Section B**. | | |
| **Total Number of Weeks’ ShPP Available** |  | |
| **Number of Weeks’ ShPP You Intend to Claim** |  | |
| **Number of Weeks’ ShPP the other Parent Intends to Claim** |  | |
| **Indication of Start and End Dates of Your ShPP Periods** | Start Date: enter a date.  End Date: enter a date. | |

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| **Section D EMPLOYEE NOTICE OF CURTAILMENT OF MATERNITY/**  **ADOPTION LEAVE** |
| Complete this section if you are the employee named in this notice and you are the mother or main adopter. You must give at least eight weeks’ notice of your curtailment date. If you are entitled to maternity leave the curtailment date must be at least two weeks after the birth of your child.  I wish my maternity/adoption leave to end on enter a date.  **or**  I have already curtailed my maternity/adoption leave which ended on enter a date. |

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| **Section E 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 my 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 F EMPLOYEE DECLARATION** |
| I confirm that I meet the following conditions:  I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter  I have (or share with the other parent) the main responsibility for the care of the child and I am taking SPL in order to care for the child  I have at least 26 weeks’ continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)  I intend to be in continuous employment until the week before any SPL is taken  I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week(If I am claiming shared parental pay)  I agree to inform the University immediately if I cease to meet the conditions for entitlement to SPL or ShPP.  If you are the mother/main adopter:  I have submitted a curtailment of maternity/adoption leave notice by completing **Section D** above.  **Signed:**      **Date:**Click here to enter a date. |

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| **Section G DECLARATION OF OTHER PARENT** | |
| **Parent Name:**  **Title:**     **First Name(s):**      **Last Name:** | **Employer’s Name:** |
| **Address:**    **Post Code:** | **Address:**    **Post Code:** |
| **National Insurance Number:** | **Contact details:** Email address or telephone number |
| I confirm that I meet the following conditions:  I have least 26 weeks’ employment (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)  I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week  I agree to inform your employee immediately if I cease to meet the two conditions above  I consent to your employee taking SPP and ShPP as set out in **Sections B and C** above.  If you are the mother/main adopter:  I have curtailed my maternity leave and pay/adoption leave and pay/maternity allowance or will have done so by the time your employee starts shared parental leave  I consent to you processing the information contained in this declaration.  **Signed:**      **Date:**Click here to enter a date. | |