



Family Friendly Forms

Responsible for policy:
Chair of Directors

CC2 Strategy, People and Organisational Development



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Form for employee to notify request for maternity leave

Please read these notes before completing the form

1. In order for us to process your intention to take maternity leave, we require the information requested on this form. Please complete it in as much detail as possible to enable our smooth processing of your request.
2. The earliest date you can start maternity leave is the 11th week before your expected week of childbirth (EWC).
3. Unless you state otherwise, we will assume that you will take your full entitlement of 52 weeks' maternity leave. You are able to change your return-to-work date provided you give us at least 8 weeks' notice. This applies whether you simply wish to return to work early or because you qualify for take shared parental leave and wish to take it.
4. Please return the form as indicated below by the 15th week before the expected week of childbirth (EWC). If there is a good reason that you cannot return it by this date, please return it as soon as possible after this date.

When complete, please return this form to: *[Insert name and job title]*

Please also keep a copy for your records.

EMPLOYEE DETAILS

Name of employee:

School:

Home address:

Email address:

Home telephone number:

MATERNITY LEAVE DETAILS

Expected week of childbirth:

Intended start date of maternity leave:

Intended return to work date:

Declaration:

- I confirm that I am pregnant;
- I confirm that I have received a copy of the MAC Maternity Leave Policy
- I understand that the MAC require me to produce a medical certificate (e.g. MATB1) as evidence of my pregnancy and my EWC and I have attached my MATB1 with this notification form.

MATERNITY PAY DETAILS

Declaration:

- I wish my entitlement to half pay to be paid over:

..... (no of weeks 13 to 33). I understand that this is subject to the agreement of the Academy.
 (Complete only where half pay is requested to be paid over longer than the standard 12 weeks, see employee guidance section 9 for further information)
- I understand that my entitlement to Occupational Maternity Pay is subject to me returning to my Romero Catholic Academy employment for a minimum period of three months. If I do not fulfil this requirement, I agree to repay all monies received under the contractual arrangement for Occupational Maternity Pay together with any monies paid by the Academy on my behalf out of the contractual earnings to any third parties, which are not recoverable from them, e.g. National Insurance Contributions.

Employee signature:

Date:

Form for employee to vary the start date of maternity leave and pay

EMPLOYEE DETAILS	
Name of employee:	DOB:
Employee number:	School:
Declaration: This form is to notify you of my intention to change the start date of my maternity leave, as indicated below. It is my intention to <i>[delete as appropriate – postpone/bring forward]</i> the start date of my leave. I understand that I must give you at least 28 days' notice of this change.	
MATERNITY LEAVE DETAILS	
Expected week of childbirth:	
Date baby was born:	
Previously notified start date of maternity leave:	
New start date of maternity leave:	
New start date of maternity pay:	
Employee signature:	
Date:	

For office use only	
Date request received:	Initials:
Authorised/Declined:	
Date reply sent:	Initials:

Form to notify that maternity leave has been triggered by an early birth

EMPLOYEE DETAILS	
Name of employee:	Employee number:
Department:	Employment start date:
MATERNITY LEAVE DETAILS	
Expected week of childbirth:	
Date baby was born:	
Previously notified start date of maternity leave:	
New start date of maternity leave:	
New start date of maternity pay:	
Declaration: I had originally intended my maternity leave to start on the date indicated above. I understand that, in the event of the birth occurring before that date, maternity leave is automatically triggered from the day after the birth. As indicated above, my baby was born early. I am aware that my maternity leave has been automatically triggered and will no longer start on the originally intended date. I understand that my maternity leave, and maternity pay, commenced on the day after the birth. Employee signature: Date:	

<i>For office use only</i>	
Date confirmation received:	Initials:
Date reply sent:	Initials:

Form for employee to provide notification of her absence from work in the four weeks before her expected week of childbirth wholly or partly due to her pregnancy

EMPLOYEE DETAILS	
Name of employee:	Employee number:
Department:	Employment start date:
MATERNITY LEAVE DETAILS	
Expected week of childbirth (EWC):	
Date signifying 4 th week before EWC:	
Pregnancy related absence start date:	
Previously notified start date of maternity leave:	
New start date of maternity leave:	
New start date of maternity pay:	
Declaration: I understand that my maternity leave is automatically triggered earlier than intended because of a pregnancy related illness, or an illness partly due to my pregnancy. I understand that in these circumstances, maternity leave will begin on the day after my first day of sickness absence. I confirm that my sickness absence is wholly or partly due to my pregnancy. Therefore, I understand that my maternity leave and pay was automatically triggered and will now start on the date as indicated above. Employee signature: Date:	

<i>For office use only</i>	
Date confirmation received:	Initials:
Date reply sent:	Initials:

**Form for employee requesting Keeping in Touch Days (KIT Days) or
Shared Parental Leave Days (SPLIT Days)**

Part A – To be completed by member of staff

Name:		Employee ID:	
Job Title:		School:	

Proposed KIT or SPLIT Day details:

Date	Number of Hours Worked	Brief Description of Activities

Signature:	Date:
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PLEASE PASS THIS FORM TO YOUR LINE MANAGER.

Part B – To be completed by Line Manager

☐ Agreed ☐ Not agreed
Comments:
Line Manager's Name:
Signature:
Date:

Part C - To be completed by the Principal

☐ Agreed ☐ Not agreed	
Comments:	
Principal's Name:	
Signature:	Date:

PLEASE RETURN THIS FORM TO THE LINE MANAGER WHO WILL ADVISE THE EMPLOYEE OF THE OUTCOME OF THIS DECISION AND, WHERE APPROPRIATE, LIAISE DIRECTLY WITH THE EMPLOYEE REGARDING ARRANGEMENTS FOR THE KEEPING IN TOUCH DAY(S).

Part D - To be completed by the Line Manager (*FOLLOWING completion of the work*)

I confirm that the above work was undertaken as detailed above. Please arrange for the employee to receive payment for this accordingly.	
Line Manager's Name:	
Signature:	Date:

PLEASE PASS THIS FORM TO HR via hr@romeromac.com to be processed with payroll.

Form for employee to notify request for paternity leave

Name:	Start Date:	
Employee Number:	School:	
Length of leave: I wish to take a period of one week's paid paternity leave	Please tick	
I wish to take a period of two weeks' paid paternity leave		
Relevant dates: <i>[Select from the options below and delete as appropriate]</i> Expected date of birth: Actual date of birth: <i>[OR]</i> Date of match for adoption: Date of placement:		
Declaration: I, the employee, confirm that I do not reasonably know of another person who is taking paternity leave in relation to this child and: <i>[Select from the options below and delete as appropriate]</i> - am the father of the child, or married to, or the partner of the child's mother <i>[OR]</i> - am married to or the partner of the child's adopter, or one of a couple jointly adopting a child and I am not taking statutory adoption leave - expect to have responsibility for the upbringing of the child. - have a minimum of 26 weeks' service, calculated at the 15th week before the baby is due <i>[OR]</i> - have a minimum of 26 weeks' service calculated at the week in which the child's adopter was notified of having been matched with the child. - will give notice of my intention to take paternity leave at least 15 weeks before the baby is due <i>[OR]</i> - will give notice of my intention to take paternity leave no later than seven days after the date on which notification of the match with the child was given by the adoption agency (or 28 days in advance of the proposed start of leave in the case of overseas adoptions). - Confirm that the purpose of the leave will be to care for the child - Acknowledge that false information may result in disciplinary action being taken against me. I give my employer permission to verify the above information. I certify that the above information supporting my application for paternity leave is true and accurate. In line with current data protection obligations, I consent to my employer processing the information I have provided.		
Employee signature:		
Date:		

For administrative use

Form received on:	
Form received by:	
Leave authorised by:	
If declined, leave declined by:	
Confirmation sent to employee on:	
Manager signature:	

Form for employee to request time off for adoption appointments

An employee who is notified that a child is to be placed with him or her for adoption is entitled to take time off to attend adoption appointments before the adoption takes place subject to certain criteria.

A couple who are adopting will have to decide between them which is to be the main adopter and which is to be the secondary adopter for the purposes of taking leave. The main adopter (who will then go on to take adoption leave subject to criteria) is entitled to paid time off for up to five adoption appointments and the secondary adopter is entitled to unpaid time off for up to two adoption appointments. We will not unreasonably refuse a request for time off.

Name of employee:	
School:	
Date and time of appointment:	

Employee Declaration

I am the main adopter/partner of the main adopter (delete as appropriate) and I wish to take paid/unpaid time off (delete as appropriate) in order to attend a pre-adoption appointment which has been arranged via the adoption agency.

Employee Signature.....

Date.....

Form to notify request for time off for ante-natal appointments (partners/fathers)

Qualifying employees have a statutory right to take unpaid time off to accompany a pregnant woman at up to two ante-natal appointments. The maximum time off allowed is 6.5 hours on each occasion. No request for time off will be unreasonably refused, but employees should try to submit any requests for time off as soon as the details of the appointment are available.

Name of employee:	
School:	
Date and time of appointment:	

I confirm that

- I have a qualifying relationship* with a pregnant woman or her expected child
- the purpose in taking time off on the date specified above is to accompany the woman to an ante-natal appointment
- the appointment in question is made on the advice of a registered medical practitioner, registered midwife or registered nurse.

Signature of employee:

Date:

*In order to qualify, the employee must:

- be the husband or civil partner of the pregnant woman, or
- live with the woman in an enduring family relationship (but not a parent, grandparent, sister, brother, aunt or uncle of the woman), or
- be the father of the expected child, or
- be a parent of the expected child by virtue of section 42 or 43 of the Human Fertilisation and Embryology Act 2008, or
- be a potential applicant for a parental order under section 54 of the Human Fertilisation and Embryology Act 2008 in respect of the expected child.

Form for employee to notify request for adoption leave

Please read these notes before completing the form

1. In order for us to process your intention to take adoption leave, we require the information requested on this form. Please complete it in as much detail as possible to enable our smooth processing of your request.
2. Your adoption leave can start:
 - up to 14 days before the date the child starts living with you (UK adoptions)
 - when the child arrives in the UK or within 28 days of this date (overseas adoptions)
 - the day the child's born or the day after (if you've used a surrogate to have a child)
3. Unless you state otherwise, we will assume that you will take your full entitlement of 52 weeks' adoption leave. You are able to change your return to work date provided you give us at least 8 weeks' notice. This applies whether you simply wish to return to work early or because you qualify for take shared parental leave and wish to take it.
4. For adoptive parents and dual approved prospective parents please return this form within seven days of being notified by the adoption agency that you have been matched with a child. If there is a good reason that you cannot return it by this date, please return it as soon as possible after this date.
For parental order parents (intended parents through surrogacy arrangements) through the intention of surrogacy please return this form by the 15th week before the baby's due date. If there is a good reason that you cannot return it by this date, please return it as soon as possible after this date.

When complete, please return this form to: Your Line Manager and HR
Please also keep a copy for your records.

EMPLOYEE DETAILS

Name of employee: School:

Home address:

Email address:

Home telephone number:

ADOPTION LEAVE DETAILS

Expected date of child placement:

or

Expected week of childbirth:

Intended start date of adoption leave:

Intended return to work date:

Declaration:

- I confirm that I am intending to adopt a child;
- I confirm that I have received a copy of the MAC Adoption Leave Policy
- I understand that the MAC require me to produce evidence of the adoption as detailed in the policy above. I therefore attach either the "matching certificate" from the adoption agency or the Parental Order with this notification form.

ADOPTION PAY DETAILS

Declaration:

- I wish my entitlement to half pay to be paid over:

..... (no of weeks 13 to 33). I understand that this is subject to the agreement of the Academy. (Complete only where half pay is requested to be paid over longer than the standard 12 weeks)
- I understand that my entitlement to Occupational Adoption Pay is subject to me returning to my Romero Catholic Academy employment for a minimum period of three months. If I do not fulfil this requirement, I agree to repay all monies received under the contractual arrangement for Occupational Adoption Pay together with any monies paid by the Academy on my behalf out of the contractual earnings to any third parties, which are not recoverable from them, e.g. National Insurance Contributions.

Employee signature:

Date:

Form for employee to vary the start date of adoption leave and pay

EMPLOYEE DETAILS	
Name of employee:	DOB:
Employee number:	School:
Declaration: This form is to notify you of my intention to change the start date of my adoption leave, as indicated below. It is my intention to <i>[delete as appropriate – postpone/bring forward]</i> the start date of my leave. I understand that I must give you at least 28 days' notice of this change.	
MATERNITY LEAVE DETAILS	
Expected week of childbirth: Or Expected date of child placement	
Date child was born: Or Date child was placed with us:	
Previously notified start date of adoption leave:	
New start date of adoption leave:	
New start date of adoption pay:	
Employee signature: Date:	

For office use only	
Date request received:	Initials:
Authorised/Declined:	
Date reply sent:	Initials:

Form for an employee to submit a Maternity/Adoption leave curtailment notice

It is a requirement that you bring your maternity/adoption leave to an end in order to take shared parental leave or enable your partner to take it. This form is for you to tell us that you wish to end your maternity leave/adoption leave where you:

- do not qualify for shared parental leave or
- you do not intend to take shared parental leave and
- want to bring your maternity/adoption leave/pay to an end to enable your partner, who meets the qualifying criteria, to take shared parental leave.

Use the notice of entitlement to shared parental leave form to curtail your leave/pay where:

- you qualify for shared parental leave and
- you intend to take shared parental leave.

Please complete this form and return it to your Line Manager and HR. You must also inform the Jobcentre Plus of your curtailment if you are in receipt of Maternity Allowance.

Please ensure you give the Company at least eight weeks' notice of your curtailment date. Curtailment of maternity leave (if you are entitled to it) is not permitted to take place in the compulsory maternity leave period ie the two week period immediately after childbirth (or a four weeks period if you work in a factory).

Name:	
I wish my maternity/adoption leave/pay to end on _____ (insert date).	
Signature:	
Date:	

Shared Parental Leave Forms (Maternity)

Form 1: Curtailment of maternity leave and pay (for mother or birth parent's employer – must be completed by mother or birth parent)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP.	
I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B.	
I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Expected date of child's birth	
Actual date of child's birth (if born)	
SECTION B: Curtailling maternity leave (must be completed)	
Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends	
SECTION C: Curtailling statutory maternity pay (SMP) (only if claiming ShPP)	
Start date of SMP	
End date of SMP	
Total number of weeks of SMP paid by date SMP ends	
SECTION D: Signature (must be completed)	
Signature of mother or birth parent	
Date signed	

Form 2: Notification that mother or birth parent is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the mother or birth parent) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before taking SPL)	
SECTION B:	
Maternity entitlement details (all answers that apply must be completed)	
Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends	
Start date of SMP or MA	
End date of SMP or MA	
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 (39 weeks less 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)	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother or birth parent) intend to take	

Total number of weeks of SPL my partner intends to take	
SECTION D: Mother or birth parent's leave plans (must be completed but is not binding)	
I (the mother or birth parent) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION E: Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the mother or birth parent) intend to take	
Total number of weeks of ShPP my partner intends to take	
I (the mother or birth parent) currently expect to take ShPP as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION F: Mother or birth parent's declaration (must be completed)	
The following points apply in all circumstances where a mother or birth parent is entitled to maternity leave: • I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been 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 the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL • I will inform my employer immediately if I am no longer caring for my child • 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 my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this 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 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

Signature of mother or birth parent

Date signed

SECTION G:

Partner's declaration (must be completed)

- I am the father of the child, or at the date of the birth I was (or will be) the mother or birth parent's spouse, the mother or birth parent's civil partner and/or the mother or birth parent's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother or birth parent)
- I have been (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 birth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother or birth parent intends to take, as set out in Section D above.
- I consent to the mother or birth parent's employer processing the information I have provided
- I consent to the amount of ShPP which the mother or birth parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner

Date signed

Form 3: Notice confirming that partner is taking SPL but mother or birth parent is not (for mother or birth parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the mother or birth parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
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 notice to their employer to take SPL and/or ShPP • I consent to my partner's claim for SPL and/or ShPP	
SECTION C:	
Signature (must be completed)	
Signature of mother or birth parent	
Date signed	

Shared Parental Leave Forms (Adoption)

Form 1: Curtailment of adoption leave and pay (for primary adopter's employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/ or SAP. This form is accompanied by a notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave will end on the date given in section B and my SAP will end on the date given in section C, unless my notice is revoked or there's no entitlement.	
Primary adopter's last name	
Primary adopter's first name(s)	
Expected date of child's placement	
Actual date of child's placement (if known)	
SECTION B: Curtailling adoption leave (must be completed)	
Statutory adoption leave start date	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave taken by the date statutory adoption leave ends	
SECTION C: Curtailling adoption pay (only if claiming ShPP)	
SAP start date	
SAP end date	
Total number of weeks SAP paid by the date SAP ends	
SECTION D: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 2: Notification that primary adopter is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Primary adopter's last name	
Primary adopter's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Date adopter was informed of being matched for adoption	
Expected date of child's placement	
Actual date of child's placement (if child not yet placed provide this as soon as possible after placement and before SPL)	
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave	
End date of statutory adoption leave	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	
End date of SAP	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the primary adopter) intend to take	
Total number of weeks of SPL partner intends to take	

SECTION D:

Primary adopter's leave plans (must be completed but is not binding)

I (the adopter) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

SECTION E:

Amount of ShPP available (only if claiming ShPP)

Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the primary adopter) intend to take	
--	--

Total number of weeks of ShPP partner intends to take	
---	--

I (the primary adopter) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

SECTION F:

Adopter's declaration (must be completed if primary adopter is entitled to adoption leave)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption
- 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 the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL
- I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date the adoption agency expects to place the child with me
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

The following points only apply if section E is 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 week in which I (the adopter) was notified of having been matched for adoption with the child
- I am entitled to SAP in respect of the child placed with me, my adoption 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, if I am entitled to it, I will be on SPL in those weeks

- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP
- The information provided in this declaration is accurate

Signature of primary adopter	
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Date signed	
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SECTION G:

Partner's declaration (must be completed)

- I am the primary adopter's spouse, civil partner or partner living with them and the child in an enduring relationship
- I had (or will have) shared responsibility for the child at the time of the placement (along with the primary adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which we were notified of being matched for adoption with the child
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL the primary adopter intends to take, in section D above
- I consent to the primary adopter's employer processing the information I have provided
- I consent to the amount of ShPP the primary adopter intends to take, in section E above
- The information provided in this declaration is accurate

Signature of partner	
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Date signed	
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Form 3: Notice confirming partner is taking SPL but primary adopter is not (for primary adopter's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Primary adopter's last name	
Primary adopter's first name(s)	
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 notice to their employer to take SPL and/or ShPP • I consent to my partner's intended claim for SPL and/or ShPP	
Signature (must be completed)	
Signature of primary adopter	
Date signed	

SPL Forms (for parental order parents entitled to adaption leave and/or pay)

Form 1: Curtailment of Adoption Leave and Pay (for parental order parent's employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave (if eligible) will end on the date given in section B and my SAP (if eligible) will end on the date given in section C, unless I revoke my notice or there's no entitlement.	
Parental order parent's last name	
Parental order parent's first name(s)	
Expected date of child's birth	
Actual date of child's birth (if born)	
SECTION B: Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
SECTION C: Curtailing adoption pay (SAP) (only if claiming ShPP)	
Start date of SAP	
End date of SAP	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D: Signature (must be completed)	
Signature of parental order parent	
Date signed	

Form 2: Notification that parental order parent is intending to take SPL (for parental order parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the parental order parent entitled to adoption leave and/or pay) am entitled to and intend to take SPL (and ShPP if section D is completed).	
Parental order parent's last name	
Parental order parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
The date the parental order was granted (if applicable and if it has been granted)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before SPL)	
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave	
End date of statutory adoption leave	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	
End date of SAP	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks that SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the parental order parent) intend to take	
Total number of weeks of SPL my partner intends to take	

SECTION D:

Parental order parent's leave plans (must be completed but is not binding)

I (the parental order parent entitled to adoption leave) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

SECTION E:

Amount of ShPP available (only complete if claiming ShPP)

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the parental order parent) intend to take	
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Total number of weeks of ShPP my partner intends to take	
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I (the parental order parent entitled to SAP) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

SECTION F:

Parental order parent'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 have, or will have, been 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) shared responsibility for the child at the time of the child's birth (along with my partner who has made the declaration below)
- I am entitled to adoption leave in respect of my child, my adoption leave period will be reduced and the remainder will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- I enclose a statutory declaration that I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

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 SAP in respect of the child, my adoption 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
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP

- I will immediately inform the person paying ShPP if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

Signature of parental order parent	
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Date signed	
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SECTION G:

Partner's declaration (must be completed)

- I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship
- I had (or will have) shared responsibility for the child at the time of the birth (along with the parental order parent)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of birth
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the expected week of childbirth
- I consent to the amount of SPL which the parental order parent intends to take, as set out in Section D above
- I consent to the parental order parent's employer processing the information I have provided
- I consent to the amount of ShPP which the parental order parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
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Date partner signed	
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Form 3: Notice confirming that partner is taking SPL but the parental order parent is not (for parental order parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the parental order parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be	
Parental order parent's last name	
Parental order parent's first name(s)	
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	
Signature (must be completed)	
Signature of parental order parent	
Date signed	

Notice to book Shared Parental Leave

1. Notice to book continuous Shared Parental Leave

[date dd/mm/yy]

Dear [name of manager or employer],

My current remaining entitlement to Shared Parental Leave (SPL) is [...] weeks.

This notice is to book a period of [...] weeks of SPL.

I will be taking a continuous period of leave from [date dd/mm/yy] to [date dd/mm/yy].

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is [...] weeks.

During my period of SPL I would like to receive [...] weeks ShPP.

I would like this paid from [date dd/mm/yy] to [date dd/mm/yy].

I understand this counts as 1 of my 3 notices to book leave and I have [...] notices remaining.

Yours sincerely,

.....

2. Notice to book discontinuous Shared Parental Leave

[date dd/mm/yy]

Dear [name of manager or employer],

My current remaining entitlement to Shared Parental Leave (SPL) is [...] weeks.

I would like to take a discontinuous leave in the following blocks [add as many dates as you are requesting]:

- from [date dd/mm/yy] to [date dd/mm/yy]

I understand that you do not have to agree to this and that if we do not reach an agreement within 14 days of the date I gave this notice, I must either withdraw the notice 15 days after the notice date or take the total amount of SPL requested in this booking as one continuous leave.

I understand my leave will begin on the start date of the first block of leave I requested unless I notify you within 19 days of the notice date of a different start date. [A new start date must be at least 8 weeks after the notice date.]

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is [...] weeks.

During my SPL I would like to receive [...] weeks of ShPP.

If the proposed period of SPL is agreed I would like to be paid ShPP [add as many dates as you are requesting]:

- from [date dd/mm/yy] to [date dd/mm/yy]

I understand this counts as 1 of my 3 notices to book leave and I have [...] notices remaining.

Yours sincerely,

.....

Notice to cancel or vary a Shared Parental Leave booking

For a parent who's eligible for Shared Parental Leave (SPL), and wants to cancel or change the dates of their SPL with their employer.

You must give your employer 8 weeks' notice to vary or cancel SPL.

[date dd/mm/yy]

Dear [name of manager or employer],

[Note: use either A or B]

A. I am writing to cancel Shared Parental Leave (SPL) I'd booked for the following dates: from [insert date/s].

I understand I have [insert remaining notices] of my 3 notices left to use.

To my understanding, I have [insert weeks] of my total SPL entitlement remaining.

B. I am writing to change the dates of Shared Parental Leave (SPL) I have booked. The original dates were from [insert date/s] for [insert weeks leave]... weeks after the birth or adoption placement of my child.

The new date/s I wish to book are [insert date/s].

I would like my Shared Parental Pay (ShPP) to be paid on the same dates as above/ [insert date/s if different to above] [delete as appropriate].

I understand this counts as 1 of my 3 notices and that I have [insert remaining notices] notices left to use.

To my understanding, I have [insert weeks] of my total SPL entitlement remaining.

Yours sincerely,

.....

Form for employee to request parental leave

Details of employee
Employee name:
School:
Start date:
Details of employee's child
Name of child:
Date of Birth:
Age at time leave will be taken:
If child is not yet born, expected week of birth:
Is your child in receipt of Disability Living Allowance? Yes/No
Details of leave
Intended start date of leave:
Intended end date of leave:
Intended length of leave:
How much parental leave have you taken before in relation to this child?
I have attached all relevant documentation eg copy of birth certificate/evidence of Disability Living Allowance (where appropriate) Yes/No

Employee Declaration

I confirm that I am taking parental leave in order to care for my child. I understand, and agree, that:

- I must have at least one year's continuous service at the date that parental leave is to begin
- I must give 21 days' notice of my request to take parental leave
- parental leave is taken in blocks of one week except where the child is in receipt of Disability Living Allowance, in which case it can be taken in blocks of one day
- except in the case of a disabled child, where a day's parental leave is requested, a full week will be deducted from my entitlement
- the company may postpone a period of parental leave requested for up to 6 months except where the request falls during the expected week of birth/placement for adoption or immediately following the birth or adoption
- the Company may contact my former employer to ascertain the length of parental leave previously taken (if any)
- parental leave is unpaid.

Employee signature:
Date:

For completion by manager

Date request received:	
Request accepted?	
Request postponed?	
Date employee informed (letter attached):	
If postponed, new start date of leave is:	
Amount of parental leave remaining in relation to this child:	