**UCL HUMAN RESOURCES DIVISION**



Form END1

**Shared Parental Leave**

**Notification to End Maternity or Adoption Leave**

Please complete the details below to confirm that you propose to bring to an end your maternity or adoption leave and pay and start a period of Shared Parental Leave. You must give at least 8 weeks’ notice.

Once this form has been submitted, you will receive confirmation of your intention plus the relevant forms to complete to provide details of how you wish to take your shared parental leave, if not already submitted.

Please note this notice is BINDING if given after the birth or adoption. If given before the birth or adoption you may withdraw this notice in writing up to 6 weeks after the birth or adoption date, as long as you have not returned to work or the end date already passed.

**Personal Details**

|  |  |
| --- | --- |
| **Surname:**  | **Forenames:** |
| **Email:** | **Tel no:** |
| **UCL Employee Number:** |
| **UCL Department / Division** |
| **Line Manager:** |

 **Confirmation of Maternity or Adoption Leave and Pay Period**

Please confirm the start and end date of your maternity leave or adoption leave and pay period.

**Please note:** the end date of the maternity leave or adoption leave period must allow for the 2 week compulsory maternity leave or adoption leave period immediately following the birth or adoption date.

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| **Start Date of Maternity / Adoption Leave:** |
| **End Date of Maternity/Adoption Leave:** |
| **End date of SMP/SAP:** |
| **Expected week of childbirth / adoption date:** |
| **Date of birth / date of adoption** (where appropriate): |

**Details:**

Please provide brief details of how you intend to take your shared parental leave and who this will be shared with.

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**Declaration:**

Please sign below to confirm that your intention to end your maternity leave or adoption leave period and start an application for Shared Parental leave.

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| **Employee (Mother/Primary Adopter) Signature:**  |
| **Dated:** |

**Received and noted:**

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| **Line Manager:**  |
| **Dated:** |

 ***Please forward a copy to your Departmental Manager/Administrator and pass to*** ***HR Services*** ***promptly.***

**HR Services:**