**HUMAN RESOURCES DIVISION** 

Form: ShPL E&I

**Shared Parental Leave**

**Entitlement and Intention to Take Shared Parental Leave**

Please complete the details below confirming your intention to take Shared Parental Leave. Please ensure that a ‘[Notification to End Maternity or Adoption Leave’ form](https://www.ucl.ac.uk/human-resources/sites/human-resources/files/parental-form3.docx) has either already been submitted or is submitted with this form. This form may be designed for a different organisation if the mother or primary adopter is not a UCL employee.

**UCL Employee Personal Details**

|  |  |
| --- | --- |
| Surname:  | Forenames: |
| Email:  | Tel: |
| UCL Employee Number: |
| UCL Department / Division |
| Line Manager: |

 **Partners Details:** Please confirm the details of the individual with whom the parental leave and pay will be shared with:

|  |  |
| --- | --- |
| Surname:  | Forenames: |
| Home Address: |
|  |
| NI number:  |
| Employer’s\* Details:(please state if self-employed) |
| Name of Employer: |
| Address of Employer: |
|  |
| Contact Name at present employer (e.g. Line Manager or HR): |
| Email address for Contact |
| Telephone number for contact: |

 **Please note:** UCL may contact your partner’s employer to confirm the requested period of Shared Parental Leave and pay.
 **UCL Employee Confirmation of Entitlement:**

I confirm that (please tick as appropriate):

I have 26 weeks service at the15th week before the expected week of childbirth (EWC) or 26 weeks service at the week they are matched for adoption, (for statutory purposes)

The total amount of shared parental leave available is..….. weeks (52 weeks minus any maternity or adoption leave already taken, including 2 weeks compulsory leave).
 **As relates to the mother or primary adopter:**

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

***If not already submitted, please attach a copy of the child’s birth certificate, adoption matching certificate or MATB1 (if before the child is born) and a copy of the end of maternity/adoption form***

**UCL Employee Commencement of Shared Parental Leave:**

I wish to exercise my right to shared parental leave as follows:

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| --- |
| Start date of shared parental leave: |
| End date of shared parental leave: |
| Intended date of return to work: |

 **UCL Employee Declaration:**

I confirm that both my partner and I meet the qualification requirements to take Shared Parental Leave (including the employment and earnings test) and we are sharing childcare responsibilities.

I will immediately inform HR Services should I cease to meet the conditions of eligibility.

*Please tick this box if your partner is the mother or primary adopter:*

I consent to the amount of leave that my partner intends to take and that I will immediately inform them should I cease to meet the conditions for eligibility.

|  |
| --- |
| Employee Signature:  |
| Dated: |

**Partner’s Declaration:**

I confirm that I meet the requirements for Shared Parental Leave (including the employment and earnings test) and by signing this declaration consent for you to contact my employer for any confirmation required.

*Please tick this box if your partner is the mother or primary adopter:*

I consent to the amount of leave that my partner intends to take and that I will immediately inform them should I cease to meet the conditions for eligibility.

|  |
| --- |
| Partners Signature:  |
| Dated: |

**Received and noted:**

|  |
| --- |
| Line Manager:  |
| Dated: |

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

**HR Services:**