**UCL HUMAN RESOURCES DIVISION** 

Form: PLN

**Shared Parental Leave**

**Period of Leave Notification**

Please complete the details below confirming your intention to take a period of Shared Parental Leave.

**UCL Employee Personal Details**

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

 **Confirmation of Entitlement:**

I confirm that my partner and I continue to be entitled to take shared parental leave, as previously declared.

|  |
| --- |
| 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): |

**Requested Period of Shared Parental Leave:**

Please note that to request or change any period of leave, 8 weeks notification must be given.

You may request up to 3 periods of leave in this notice and be entitled to enhanced shared parental pay. If this form is submitted following the birth or adoption date and you subsequently vary this notice or submit a new notice, you will forfeit any right to enhanced pay and will receive only statutory pay.

The first start date may be an actual date or expressed as the number of days from the date of the birth or adoption, if this notice is given before the birth or adoption. **Please remember to promptly confirm the actual date of birth to** **HR Services** **so they can effect the changes.**

I will take the following period/s of Shared Parental Leave (please note this should be in blocks of whole weeks):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No of weeks | Running total of weeks |
| Start date | End date |  |  |
| Start date | End date |  |  |
| Start date | End date |  |  |
| Intended final date of return to work: |  |  |

My partner will be taking shared parental leave as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No of weeks | Running total of weeks |
| Start date | End date |  |  |
| Start date | End date |  |  |
| Start date | End date |  |  |

 **Details:**

Please provide any additional details in relation to your shared parental leave, including the sharing of pay if, for example, you are taking leave at the same time:

|  |
| --- |
|  |

**Declaration:**

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

 **TO: LINE MANAGER**

Using the options below, please confirm how you intend to cover the post held by this individual whilst they are on shared parental leave:

[ ]  External recruitment for full post

[ ]  External recruitment for element of post

[ ]  Internal secondment

[ ]  Acting up

 [ ]  100%

 [ ]  < 100% Please state %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Redistribution of duties internally

[ ]  No cover required

please give reason why cover is not required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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