**UCL HUMAN RESOURCES DIVISION** 

Form: PLN(V)

**Shared Parental Leave**

**Period of Leave Variation Notice**

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.

**Requested variation to shared parental leave:**

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

By submitting this variation request, you will forfeit any right to enhanced pay and will receive only statutory pay.

I intend to vary my period of Shared Parental Leave and to take it as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 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: |

 **Received and approved:**

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

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

***­­­­­­­­­­­­­­­­­Employment Contracts Administration Team***