**Shared Parental Leave Application Form**

If you wish to take your Shared Parental Leave in blocks, you must ensure that you fill out this form ONLY, and ensure that you submit the form within the timescales specified:

* **PLN** **Form (V) –** **Period of Leave Notice Variation form:** This form notifies us and your Line Manager/PI of you and your partner’s planned period/s of ShPL.

*(****PLEASE NOTE:*** *If you wish to vary the period/s of ShPL requested, you must fill out this PLN (V) form).*

You are entitled to submit **three separate PLNs**. This means that you could book three separate periods of ShPL during your child's first year in the family. A PLN is usually binding and cannot typically be withdrawn.

The entitlement for shared parental leave is as follows:

|  |  |  |
| --- | --- | --- |
| **Occupational Shared Parental Pay (OShPP) –** | **16 Weeks** | 18 weeks total for both partners (minus the 2 compulsory Maternity/Adoption Leave weeks taken, and minus any weeks of Occupational maternity pay already taken.)**(*PLEASE NOTE:***  *If both parents are taking Occupational Pay, the total cannot exceed 16 weeks if it is being taken during the first 18 weeks*) |
| **Statutory Shared Parental Pay (SShPP)** | **37 Weeks** | 39 weekstotal for both partners.(minus the 2 compulsory Maternity/Adoption Leave weeks taken, and minus any weeks of Occupational or Statutory maternity Pay already taken.) |
| **Unpaid Shared Parental Pay** | **13 Weeks** | 13weeks total for both parents. |
| **Shared Parental Leave** | **50 weeks** | 52 weeks total for both partners.*(minus the 2 compulsory Maternity/Adoption Leave weeks taken & minus any weeks of paid leave taken)* |

*(****PLEASE NOTE:*** *If you are considering using the 3 blocks of leave available, the first block will likely be the only one that will have any pay associated with it.)*

(***PLEASE NOTE:*** *The primary care giver (e.g., the mother) is normally allocated this pay allocation by default, unless they return to work within* ***2.5 months post-birth****, therefore, it is advisable for the Mother to take their desired Maternity allocation* ***FIRST*** *before planning to submit their Shared Parental leave dates with their partner.)*

Your manager will receive your application to sign and approve once you have submitted this form via DocuSign, once they have completed this, the form will be automatically sent to HR Services to process and send confirmation once it has been completed.

**If you would like to see a breakdown of your Shared Parental Pay, please use the Parental leave planner (Link can be found in this form below.)**

**PLN Form (V) – Period of Leave Variation Notice**

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

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **First name:**  |  |
| **Last name:** |  |
| **NI Number:** |  |
| **UCL Employee Number:** |  |
| **UCL Department / Division** |  |
| **Email:** |  |
| **Line Manager/PI Name:**  |  |

 **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:** |  |
| **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 affect the changes.**

|  |  |
| --- | --- |
| **Total number of Shared Parental Leave Weeks Available:** |  |
| **How many weeks Maternity/Adoption Leave have already been taken?** |  |
| **Total no. of Shared Parental weeks remaining:**  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **No of weeks** | **Running total of weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total number of Shared Parental pay weeks remaining:** |  |
| **Total number of Shared Parental Leave weeks Taken:** |  |
| **Intended final date of return to work:** |  |

My partner will be taking shared parental leave as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **No of weeks** | **Running total of weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total number of Shared Parental pay weeks Remaining:** |  |
| **Total number of Shared Parental Leave weeks Taken:** |  |

|  |  |
| --- | --- |
| **Overall total of Shared Parental Pay weeks remaining:** |  |
| **Overall total of Shared Parental Leave weeks remaining:** |  |

*For a more detailed breakdown of your Shared Parental Leave and pay, please ensure that you use the Parental leave planner and attach this to this form below:*

|  |  |
| --- | --- |
| **Please attach your completed parental leave planner here** |  |

|  |  |
| --- | --- |
| **Employee Signature:** |  |
| **Date:** |  |

**SHARED KEEPING IN TOUCH DAYS**

Both parents are entitled to request up to a total of 20 Shared Keeping In Touch (SPLIT) days (10 days each for **BOTH** parents), which must be agreed with your line managers/PIs.

You will be paid your normal rate of pay to the nearest half or full day for any SPLIT days you take, in addition to any Statutory Shared Parental Pay (SShPP) and Occupational Shared Parental Pay (OShPP) you are receiving at the time the SPLIT Day is taken.

Please fill out the KIT/SPILT days record form using the link below to help you and your line manager/PI to record any KIT/SPLIT days worked whilst you are on Parental Leave:

**Contact on Leave:**

My contact details whilst on Shared Parental leave are as follows:

|  |  |
| --- | --- |
| **Address:** |  |
| **Postcode:** |  |
| **Email:** |  |
| **Tel no:** |  |

Preferred mode of contact whilst on Shared Parental leave:

[ ]  Email

[ ]  Telephone

[ ]  Both

Should you have any queries regarding your Shared Parental leave entitlements, please contact HR Services, 0203 108 7160 or hr.services@ucl.ac.uk , or alternatively speak to your Departmental Administrator.

|  |  |
| --- | --- |
| **Employee Signature:**  |  |
| **Date:** |  |

**TO BE ANSWERED BY EITHER THE PI OR LINE MANAGER:**

**Please add the contact details of your local HR administrator**

|  |  |
| --- | --- |
| **Local HR Contact Name:** |  |
| **Local HR Contact Email address:** |  |
| **Is the employee funded by a Grant?** | [ ]  Yes [ ]  No |

 **TO BE FILLED OUT BY EMPLOYEE’S LINE MANAGERS ONLY:**

|  |  |
| --- | --- |
| **Line Manager****Approving****with the****following****changes** | Using the options below, please confirm how you intend to cover the post held by this individual whilst they are on maternity leave:[ ]  External recruitment for full post[ ]  External recruitment for element of post[ ]  Internal secondment[ ]  Acting up [ ]  Redistribution of duties internally[ ]  No cover required (please give reason why cover is not required)  |

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

**TO BE FILLED OUT BY EMPLOYEE’S PI ONLY:**

|  |  |
| --- | --- |
| **Funder Name** |  |
| **Has the funder been notified about this employee’s Maternity leave?** | [ ]  Yes [ ]  No |
| **Date funder was notified** |  |

**PLEASE NOTE**: Please put the project code which pays the salary for the employee. If more than one project code is used, please separate them with a comma.

|  |  |
| --- | --- |
| **Project Code**  |  |
| **Task Code** |  |
| **Award Code** |  |
| **(optional) Expenditure Code** |  |
| **PI Approving with the following changes** | Using the options below, please confirm how you intend to cover the post held by this individual whilst they are on maternity leave:[ ]  External recruitment for full post[ ]  External recruitment for element of post[ ]  Internal secondment[ ]  Acting up [ ]  Redistribution of duties internally[ ]  No cover required (please give reason why cover is not required)  |

|  |  |
| --- | --- |
| **PI Name:** |  |
| **PI Signature:**  |  |
| **Dated:** |  |

|  |  |
| --- | --- |
| **HR Services Approving with the following changes** |  |

|  |  |
| --- | --- |
| **HR Services Admin Name:** |  |
| **HR Services Admin Signature:**  |  |
| **Dated:** |  |