**Shared Parental Leave Application Form**

If you wish to take Shared Parental Leave, you must ensure that the below forms are filled out and submitted within the timescales specified:

* **END 1 Form – Notification to End Maternity or Adoption Leave**: This form is to be filled out by a UCL Employee to indicate the intention to end your Maternity Leave or Adoption Leave. If the Mother/primary adopter is a **NON-UCL employee**, a separate notice of their intention to do so will be required and can be submitted as an attachment (**The END1 Form will not be required to be filled out in this instance**)**.**

You must give at **least 8 Weeks’ notice** if you want to curtail your Maternity/Adoption Leave.

**(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.

* **ShPL E&I Form –** **Entitlement and Intention to take ShPL:** This form is used as a notice of entitlement to notify us that both parties would like to take ShPL. The notice of entitlement must be submitted at least **eight weeks** before you intend to take a period of ShPL.
* **PLN** **Form –** **Period of Leave Notice:** 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 a Period of Leave Variation Notice (PLN (V) form, which is a separate form to this one.)

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 A PLN is usually binding and cannot typically be withdrawn.

*(****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.)*

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 PLN form section further down.)**

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

|  |  |
| --- | --- |
| **Are you the mother/primary adopter and an employee of UCL?** *(If yes, you must complete the END1 Form*)  |  **Yes No** |

**END 1 Form – Notification to End Maternity or Adoption Leave**

**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.

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

**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.

|  |  |
| --- | --- |
| **Employee (Mother/Primary Adopter) Signature:** |  |
| **Date:** |  |

**ShPL E&I Form – Entitlement and Intention to Take Shared Parental Leave**

Please complete the details below confirming your intention to take Shared Parental Leave. Please ensure that you have filled out the END 1 Form above, before proceeding to complete this form. This form may be designed for a different organisation if the mother or primary adopter is not a UCL employee.

**PARTNERS DETAILS**

Please confirm the details of the individual with whom the parental leave will be shared with.

**(Please note:** UCL may contact your employer to confirm the requested period of Shared Parental Leave.)

|  |  |
| --- | --- |
| **Partner’s First Name:** |  |
| **Partner’s Last Name:** |  |
| **Home Address:** |  |
| **NI number:**  |  |
| **Are you self-employed?** | **Yes No** |
| **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:** |  |

**PARTNER COMMENCEMENT OF SHARED PARENTAL LEAVE:**

I wish to take my shared parental leave as follows:

|  |  |
| --- | --- |
| **Start date of shared parental leave:** |  |
| **End date of shared parental leave:** |  |

**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.

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

**AS RELATES TO THE MOTHER OR PRIMARY ADOPTER:**

|  |  |
| --- | --- |
| **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):** |  |

|  |  |
| --- | --- |
| ***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 CONFIRMATION OF ENTITLEMENT:**

I confirm that (please tick as appropriate):

I have 26 weeks service at the 15th week before the expected week of childbirth (EWC) or 26 weeks service at the week they are matched for adoption, (for statutory purposes)

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

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).

**UCL EMPLOYEE COMMENCEMENT OF SHARED PARENTAL LEAVE:**

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

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

**PLN Form – Period of Leave Notification**

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

 **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 make the changes.**

If eligible, 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)* |

**REQUESTED PERIOD OF SHARED PARENTAL LEAVE:**

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

|  |  |
| --- | --- |
| **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** |  |

**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:** |  |

**SHARED KEEPING IN TOUCH DAYS**

You are entitled to request up to 20 Shared Keeping In Touch (SPLIT) days (10 Days each for both parents), which must be agreed with your line manager/PI.

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:

**(PLEASE NOTE:** You are NOT expected to decide on when you would like to take your SPLIT days now, this can be decided with your Line Manager/PI whilst you are on 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 , 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:** |  |