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| **APPLICATION FOR SHARED PARENTAL LEAVE** |

**Notice of Entitlement and Intention to take Shared Parental Leave – PARTNER**

Please contact HRSS should you have any queries.

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| Full Name: |  |

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| --- | --- | --- | --- |
| Home Address: |  | | |
|  | | |
| Post Code: | Home Email: |  |

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| --- | --- | --- | --- |
| Home Tel No: |  | Work Tel No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No: |  | Department: |  |

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| --- | --- | --- | --- |
| Line Manager  Name: |  | Line Manager  Extension No: |  |

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| --- | --- |
| Line Manager  Name: amend as per others |  |

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| 1  2.  3 | The mother/primary adopter’s name is:  The mother/primary adopter’s maternity/adoption leave is due to start on:  The mother/primary adopter’s maternity/adoption leave is due to end on: | Name:  Date:  Date: | ……………………………  / /  / / |
| 4  5 | Date of Birth/Placement of Child:  The mother/primary adopter is expected to receive the following periods of statutory maternity pay/maternity allowance/statutory adoption pay: | Date:  Date from:  Date to: | / /  / /  / / |

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| 1  2  3  4 | **Shared Parental Leave (SPL)**  The total amount of SPL the mother/primary adopter and I have available is:  ………………………………………………………..  I intend to take the following number of weeks’ SPL: …………………….  The mother/primary adopter intends to take the following number of weeks’ SPL: …………………………….  I intend to take SPL on the following dates (please include the start and end dates for each period of leave):  ………………………………………………………. |

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| --- | --- |
| 1  2  3  4 | **Statutory Shared Parental Pay (ShPP)** if applicable  The total amount of ShPP the mother/primary adopter and I have available is:  ………………………………………………………  I intend to take the following number of weeks’ ShPP: ………………………….  The mother/primary adopter intends to take the following number of weeks’ ShPP: …..……………..  I intend to take ShPP on the following dates: ………………………………. |
|  | Notes: The start date of the first period of SPL that you wish to take must be at least eight weeks after you have provided this notice. SPL must be taken in blocks of at least one week. |

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| **DECLARATION**  **(SBC employee)** | (please tick as applicable)  I have 26 weeks’ continuous service up to the end of the 15th week before the expected week of childbirth/placement of child: □  At the date of the child’s birth/placement I will have the main responsibility, apart from the mother/primary adopter, for the care of the child: □  **I confirm I satisfy the above criteria and that the information I have provided is accurate.**  **I will comply with SBC’s Shared Parental Leave notice and evidence requirements and immediately inform SBC if I cease to care for the child.** | | |
| Signed: |  | Date: | / / |
| Print Name: |  |  |  |

**DECLARATION TO BE COMPLETED BY THE MOTHER/PRIMARY ADOPTER**

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| --- | --- |
| Full Name: |  |

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| --- | --- | --- | --- |
| Home Address: |  | | |
|  | | |
| Post Code: | National Insurance Number |  |
| Current employers address & contact details |  | | |
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| --- | --- | --- | --- |
| **DECLARATION** | (please tick as applicable)  I have been employed or been a self-employed earner in at least 26 of the 66 weeks immediately preceding the expected week of childbirth/placement of child: □  I have average weekly earnings of at least £30 for any 13 of those 66 weeks: □  At the date of the child’s birth/placement I will have the main responsibility, apart from my partner, for the care of the child: : □  I am entitled to statutory maternity/adoption leave, statutory maternity/adoption pay, maternity allowance in respect of the child: □  I have curtailed my maternity/adoption leave/returned to work before the end of my statutory maternity/adoption leave period: □  I consent to the amount of SPL that my partner intends to take: □  I consent to SBC processing the information provided in this form: □  **I confirm I satisfy the above criteria and that the information I have provided is accurate.**  **I will comply with SBC’s Shared Parental Leave notice and evidence requirements and immediately inform SBC if I cease to care for the child.** | | |
| Signed: |  | Date: | / / |
| Print Name: |  |  |  |

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|  | **Notes**: Within 14 days of receiving this notice of entitlement/intention, SBC may request:   * Copy of the child’s birth certificate within 14 days of the birth – if the birth certificate has not been issued after this period, a signed declaration stating the date and location of the child’s birth. * Copy of official adoption documentation. |

**Please ensure a copy of this completed form is sent immediately to:**

**E-mail: personnel@scotborders.gov.uk**