Torbay and South Devon NHS Foundation Trust

SHARED PARENTAL LEAVE POLICY (H16)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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Version:	1.3	**Last Review Date:**	May 2021
Author:	People Hub		
Directorate:	People Directorate		
Approval Route			
Approved By:		**Date Approved:**	
JCNC/LCNC		August 2015	
JCNC		November 2015	
Links or overlaps with other policies:			
Disciplinary Policy			
Ordinary Parental Leave			
TSDHCT		**SDHCT**	
Maternity, Paternity and Adoption Leave Policy		Maternity, Paternity and Adoption Leave Policy	

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.1	Approved	Nov 2015	New Trust Logo and amendments to section 19.2 – 19.4 on annual leave.	JCNC
1.2	Approved	15 Jan 2019	General review and audit	HR Advisor
1.3	Approved	July 2021	Updated wording around People Hub Team & People Directorate / contact details / logo / Version / date / Policies linked	People Hub

Rapid Equality Impact Assessment

Policy Title (and number)	**Shared Parental Leave (H16)**				
Policy Author	People Hub				
Version and Date (of EIA)	1.1 (December 2015)				
Associated documents (if applicable)					
RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?					
• **Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010**					Yes ×
• **Advance equality of opportunity between people from different groups**					Yes ×
• **Foster good relations between people from different groups**					Yes ×
SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					Yes ×
Does the policy affect service delivery or business processes?					No ×
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					No ×
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	No ×	Disability	No ×	Sexual Orientation	No ×
Race	No ×	Gender	No ×	Religion/Belief (non)	No ×
Gender Reassignment	No ×	Pregnancy/ Maternity	No ×	Marriage/ Civil Partnership	No ×
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					No ×
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
N/A					
RESEARCH AND CONSULTATION					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
To ensure all staff are aware of the statutory provisions relating to Shared Parental Leave.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
HR team and trade union representatives.					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
N/A					
AUTHORISATION					
Name of person completing the form	Jane Nelson		**Signature**	Jane Nelson	
Validated by (line manager)	Anna Alexander		**Signature**	Anna Alexander	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Foundation Trust, please call 01803 656607 or email pfd.sdhct@nhs.net

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1 Policy Statement

1.1 This policy has been designed to provide guidance on the Shared Parental Leave entitlements within Torbay and South Devon NHS Foundation Trust, hereinafter referred to as the Trust. This policy is part of a package of rights and benefits designed to give support to working parents and sets out the statutory rights and responsibilities of employees who wish to take Statutory Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP)

1.2 Shared Parental Leave should not be confused with Ordinary Parental Leave, which is unaffected by shared parental leave. Ordinary Parental Leave is the entitlement to up to 18 weeks' unpaid leave. The Trust provides a separate policy on Ordinary Parental Leave (H13).

2 Introduction

2.1 Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. All eligible employees have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Shared Parental Pay. Entitlement to Shared Parental Leave extends to include parents who are fostering to adopt, adopting from abroad and surrogacy ("parental order parents").

3 Scope

3.1 This policy applies to all staff employed by the Trust, whether they are the mother or the partner, together with those on a joint contract with the Trust and another employer.

4 Equality and Diversity Statement

4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality Analysis Procedure (SDHCT only).

5 Roles and Responsibilities

5.1 Employee

- To provide the correct information when requesting shared parental leave on the relevant form
- To ensure any request for shared parental leave is requested in a timely manner as per the timeframes outlined in this policy
- To discuss their intentions regarding taking shared parental leave with their line manager at the earliest opportunity

5.2 Line Manager

- To meet with the employee to discuss their intentions regarding taking shared parental leave
- To process requests in a timely manner
- To inform the Payroll Department of all agreed shared parental leave requests in a timely manner for action.
- To seek advice from the People Hub team on the application of this policy

5.3 People Hub team

- To provide advice and guidance on the application of the policy and employees statutory entitlements
- Payroll to process shared parental leave requests in a timely manner on receipt of the relevant completed documentation

6 Eligibility for Shared Parental Leave

6.1 SPL can only be used by two people:

- The mother/adopter **and**
- One of the following:
  - The father of the child (in the case of birth)or
  - The spouse, civil partner or partner of the child's mother/ adopter

6.2 Both parents share the main responsibility for the care of the child at the time of the birth/placement for adoption

6.3 For employees to be eligible to take SPL, the mother/ adopter and partner must both meet certain eligibility requirements:

- The mother/adopter of the child must be/have been entitled to statutory maternity/adoption leave or if not entitled to statutory maternity/adoption leave they must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have ended or given notice to reduce any maternity/adoption entitlements;
- The employee must still be working for the Trust at the start of each period of SPL;
- The employee must pass the 'continuity test' requiring them to have a minimum of 26 weeks' service at the end of the 15th week before the child's expected due date/matching date;
- The employee's partner must meet the 'employment and earnings test' requiring them in the 66 weeks leading up to the child's expected due date/matching date have worked for at least 26 weeks and earned an average of at least £30 (this is correct as of 2015 but may change annually) a week in any 13 of those weeks;
- The employee must correctly notify the Trust of their entitlement and provide evidence as required

7 Entitlement to Shared Parental Leave

7.1 Eligible employees may be entitled to take up to 50 weeks SPL during the child's first year in their family. The number of weeks available is calculated using the mother's/adopter's entitlement to maternity/adoption leave, which allows them to

take up to 52 weeks' leave. If they reduce their maternity/adoption leave entitlement then they and/or their partner may opt-in to the SPL system and take any remaining weeks as SPL.

7.2 A mother/adopter may reduce their entitlement to maternity/adoption leave by returning to work before the full entitlement of 52 weeks has been taken, or they may give notice to curtail their leave at a specified future date.

7.3 If the mother/adopter is not entitled to maternity/adoption leave but is entitled to Statutory Maternity Pay (SMP), Statutory Adoption Pay (SAP) or Maternity Allowance (MA), they must reduce their entitlement to less than the 39 weeks. If they do this, their partner may be entitled to up to 50 weeks of SPL. This is calculated by deducting from 52 the number of weeks of SMP, SAP or MA taken by the mother/adopter.

7.4 SPL can commence as follows:

- The mother can take SPL after she has taken the legally required two weeks of maternity leave immediately following the birth of the child
- The adopter can take SPL after taking at least two weeks of adoption leave
- The father/partner/spouse can take SPL immediately following the birth/placement of the child, but may first choose to exhaust any paternity leave entitlements (as the father/partner cannot take paternity leave or pay once they have taken any SPL or ShPP).

7.5 Where a mother/adopter gives notice to curtail their maternity/adoption entitlement then the mother/adopter's partner can take leave while the mother/adopter is still using their maternity/adoption entitlements.

7.6 SPL will generally commence on the employee's chosen start date specified in their leave booking notice, or in any subsequent variation notice (see "Booking Shared Parental Leave" (section 12) and "Variations to arranged Shared Parental Leave" (section 16) below).

7.8 If the employee is eligible to receive it, Shared Parental Pay (ShPP) may be paid for some, or all, of the SPL period (see "Statutory Shared Parental Pay" (section 17) below).

7.9 SPL must end no later than one year after the birth/placement of the child. Any SPL not taken by the first birthday or first anniversary of placement for adoption is lost.

8 Notification to the Trust of an entitlement of Shared Parental Leave

8.1 An employee entitled and intending to take SPL must give their line manager notification of their entitlement and intention to take to SPL, at least eight weeks before they can take any period of SPL.

8.2 Part of the eligibility criteria requires the employee to provide the Trust with correct notification. Notification must be in writing and requires each of the following:

- The name of the employee;
- The name of the other parent;

- The start and end dates of any maternity/adoption leave or pay, or maternity allowance, taken in respect of the child and the total amount of SPL available;
- The date on which the child is expected to be born and the actual date of birth or, in the case of an adopted child, the date on which the employee was notified of having been matched with the child and the date of placement for adoption;
- The amount of SPL the employee and their partner each intend to take;
- A non-binding indication of when the employee expects to take the leave.

8.3 The employee must provide the Trust with a signed declaration stating:

- That they meet, or will meet, the eligibility conditions and are entitled to take SPL;
- That the information they have given is accurate;
- If they are not the mother/adopter they must confirm that they are either the father of the child or the spouse, civil partner or partner of the mother/adopter;
- That should they cease to be eligible they will immediately inform the Trust.

8.4 The employee must provide the Trust with a signed declaration from their partner confirming:

- Their name, address and national insurance number (or a declaration that they do not have a national insurance number);
- That they are the mother/adopter of the child or they are the father of the child or are the spouse, civil partner or partner of the mother/adopter;
- That they satisfy the 'employment and earnings test' (see "Eligibility for Shared Parental Leave" (section 6) above), and had at the date of the child's birth or placement for adoption the main responsibility for the child, along with the employee;
- That they consent to the amount of SPL that the employee intends to take;
- That they consent to the Trust processing the information contained in the declaration form; and
- In the case whether the partner is the mother/adopter that they will immediately inform their partner should they cease to satisfy the eligibility conditions.

9 Evidence of Eligibility

9.1 The Trust may, within 14 days of the SPL entitlement notification being given, request:

- The name and business address of the partner's employer (where the employee's partner is no longer employed or is self- employed their contact details must be given instead);
- In the case of biological parents, a copy of the child's birth certificate (or, where one has not been issued, a declaration as to the time and place of the birth);
- In the case of an adopted child, documentary evidence of the name and address of the adoption agency, the date on which they were was notified of having been matched with the child and the date on which the agency expects to place the child for adoption.

9.2 In order to be entitled to SPL, the employee must produce this information within 14 days of the employer's request

10 Fraudulent claims

10.1 The Trust can, where there is a suspicion that fraudulent information may have been provided or where the Trust has been informed by the HMRC that a fraudulent claim was made, investigate the matter further in accordance with the usual Trust investigation and disciplinary procedures, and also without acting in a discriminatory manner in relation to any of the protected characteristics defined in the Equality Act 2010.

11 Discussions regarding Shared Parental Leave

11.1 An employee considering/taking SPL is encouraged to contact their line manager to arrange an informal discussion as early as possible regarding their potential entitlement, to talk about their plans and to enable the Trust to support the individual.

11.2 The line manager may upon receiving a notification of entitlement to take SPL seek to arrange an informal discussion with the employee to talk about their intentions and how they currently expect to use their SPL entitlement.

11.3 Upon receiving a leave booking notice line manager will usually arrange a meeting to discuss it. Where a notice is for a single period of continuous leave, or where a request for discontinuous leave can without further discussion be approved in the terms stated in the employee's notice booking leave, a meeting may not be necessary.

11.4 At the meeting the employee may, if they wish, be accompanied by a workplace colleague or trade union representative.

11.5 The purpose of the meeting is to discuss in detail the leave proposed and what will happen while the employee is away from work. Where it is a request for discontinuous leave the discussion may also focus on how the leave proposal could be agreed, whether a modified arrangement would be agreeable to the employee and the Trust, and what the outcome may be if no agreement is reached.

12 Booking Shared Parental Leave

12.1 In addition to notifying the Trust of entitlement to SPL/ShPP, an employee must also give notice to take the leave. In many cases, notice to take leave will be given at the same time as the notice of entitlement to SPL.

12.2 The employee has the right to submit three notifications specifying leave periods they are intending to take. Each notification may contain either (a) a single period of weeks of leave; or (b) two or more weeks of discontinuous leave, where the employee intends to return to work between periods of leave.

12.3 SPL can only be taken in complete weeks but may begin on any day of the week. For example if a week of SPL began on a Tuesday it would finish on a Monday. Where an employee returns to work between periods of SPL, the next period of SPL can start on any day of the week.

12.4 The employee must book SPL by giving the correct notification at least eight weeks before the date on which they wish to start the leave and (if applicable) receive ShPP.

13 Continuous leave notifications

13.1 A notification can be for a period of **continuous leave**, which means a notification of a number of weeks taken in a single unbroken period of leave (for example, six weeks in a row).

13.2 An employee has the right to take a continuous block of leave notified in a single notification, so long as it does not exceed the total number of weeks of SPL available to them (specified in the notice of entitlement) and the employer has been given at least eight weeks' notice.

13.3 An employee may submit up to three separate notifications for continuous periods of leave.

14 Discontinuous leave notifications

14.1 A single notification may also contain a request for two or more periods of **discontinuous leave**, which means asking for a set number of weeks of leave over a period of time, with breaks between the leave where the employee returns to work (for example, an arrangement where an employee will take six weeks of SPL and work every other week for a period of three months).

14.2 Where there is concern over accommodating the notification, the Trust or the employee may seek to arrange a meeting to discuss the notification with a view to agreeing an arrangement that meets both the needs of the employee and the Trust ("Discussions regarding Shared Parental Leave" – section 11).

14.3 The Trust will consider a discontinuous leave notification but has the right to refuse it. If the leave pattern is refused, the employee can either withdraw it within 15 days of giving it, or can take the leave in a single continuous block.

15 Responding to a Shared Parental Leave notification

15.1 Once the line manager receives the leave booking notice, it will be dealt with as soon as possible, but a response will be provided no later than the 14th day after the leave request was made.

15.2 All notices for continuous leave will be confirmed in writing.

15.3 All requests for discontinuous leave will be carefully considered, weighing up the potential benefits to the employee and to the Trust against any adverse impact to the business.

15.4 Each request for discontinuous leave will be considered on a case-by-case basis. Agreeing to one request will not set a precedent or create the right for another employee to be granted a similar pattern of SPL.

15.5 The employee will be informed in writing of the decision as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made.

The request may be granted in full or in part: for example, the Trust may propose a modified version of the request.

15.6 If a discontinuous leave pattern is refused then the employee may withdraw the request without detriment on or before the 15th day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to choose when they want the leave period to begin. The leave cannot start sooner than eight weeks from the date the original notification was submitted. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

16 Variations to arranged Shared Parental Leave

16.1 The employee is permitted to vary or cancel an agreed and booked period of SPL, provided that they advise the Trust in writing at least eight weeks before the date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

16.2 Any variation or cancellation notification made by the employee, including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. However, a change as a result of a child being born early, or as a result of the Trust requesting it be changed, and the employee being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing by the Trust.

17 Statutory Shared Parental Pay. (ShPP)

17.1 Eligible employees may be entitled to take up to 37 weeks ShPP while taking SPL. The amount of weeks available will depend on the amount by which the mother/adopter reduces their maternity/adoption pay period or maternity allowance period.

17.2 ShPP may be payable during some or all of SPL, depending on the length and timing of the leave.

17.3 In addition to meeting the eligibility requirements for SPL, an employee seeking to claim ShPP must further satisfy each of the following criteria:

- The mother/adopter must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have reduced their maternity/adoption pay period or maternity allowance period;
- The employee must intend to care for the child during the week in which ShPP is payable;
- The employee must have an average weekly earnings for the period of eight weeks leading up to and including the 15th week before the child's expected due date/matching date are not less than the lower earnings limit in force for national insurance contributions;
- The employee must remain in continuous employment until the first week of ShPP has begun;

- The employee must give proper notification in accordance with the rules set out below.

17.4 Where an employee is entitled to receive ShPP they must, at least eight weeks before receiving any ShPP, give their line manager written notice advising of their entitlement to ShPP. To avoid duplication, if possible, this should be included as part of the notice of entitlement to take SPL.

17.5 In addition to what must be included in the notice of entitlement to take SPL, any notice that advises of an entitlement for ShPP must include:

- The start and end dates of any maternity/adoption pay or maternity allowance;
- The total amount of ShPP available, the amount of ShPP the employee and their partner each intend to claim, and a non-binding indication of when the employee expects to claim ShPP;
- A signed declaration from the employee confirming that the information they have given is correct, that they meet, or will meet, the criteria for ShPP and that they will immediately inform the Trust should they cease to be eligible.

17.6 It must be accompanied by a signed declaration from the employee's partner confirming:

- Their agreement to the employee claiming ShPP and for the Trust to process any ShPP payments to the employee;
- In the case whether the partner is the mother/ adopter that they have reduced their maternity/adoption pay or maternity allowance;
- In the case whether the partner is the mother/ adopter that they will immediately inform their partner should they cease to satisfy the eligibility conditions.

17.7 Any ShPP due will be paid at a rate set by the Government for the relevant tax year.

18 Terms and conditions during Shared parental Leave

18.1 During the period of SPL, the employee's contract of employment continues in force and they are entitled to receive all their contractual benefits, except for salary. In particular, any benefits in kind (such as use of a company car, laptop, mobile phone and gym membership) will continue and contractual annual leave entitlement will continue to accrue.

18.2 Pension contributions will continue to be made during any period when the employee is receiving ShPP but not during any period of unpaid SPL. Employee contributions will be based on actual pay, while the Trust's contributions will be based on the salary that the employee would have received had they not been taking SPL.

19 Annual Leave

19.1 SPL is granted in addition to an employee's normal annual holiday entitlement. Employees are reminded that holiday should wherever possible be taken in the year that it is earned. Where an SPL period overlaps two leave years the employee

should consider how their annual leave entitlement can be used to ensure that it is not untaken at the end of the employee's holiday year.

19.2 Annual leave and bank holidays are accrued at the normal rate during shared paternity leave.

19.3 Where the amount of accrued annual leave would exceed normal carry over provisions, it may be mutually beneficial to both the employee and employer for the employee to take annual leave before and/or after the formal (paid and unpaid) leave period. The amount of annual leave to be taken in this way, or carried over, should be discussed and agreed between the employee and employer. Refer to the Annual Leave Policy for further information.

19.4 Employees who arrange to change their contractual working hours on return to work from shared paternity leave will have their annual leave entitlement calculated on a pro rata basis proportional to the date on which they return to work.

20 Contact during Shared Parental Leave

20.1 Before an employee's SPL begins, the Trust will discuss the arrangements for them to keep in touch during their leave. The Trust reserves the right in any event to maintain reasonable contact with the employee from time to time during their SPL. This may be to discuss the employee's plans to return to work, to ensure the individual is aware of any possible promotion opportunities, to discuss any special arrangements to be made or training to be given to ease their return to work or simply to update them on developments at work during their absence.

21 Shared Parental Leave In Touch (SPLIT) Days

21.1 An employee can agree to work for the Trust (or attend training) for up to 20 days during SPL without bringing their period of SPL to an end or impacting on their right to claim ShPP for that week. These are known as "Shared Parental Leave In Touch" or "SPLIT" days. Any work carried out on a day or part of a day shall constitute a day's work for these purposes.

21.2 The Trust has no right to require the employee to carry out any work, and is under no obligation to offer the employee any work, during the employee's SPL. Any work undertaken is a matter for agreement between the Trust and the employee. An employee taking a SPLIT day will receive full pay for any day worked. If a SPLIT day occurs during a week when the employee is receiving ShPP, this will be effectively 'topped up' so that the individual receives full pay for the day in question. Any SPLIT days worked do not extend the period of SPL.

21.3 An employee, with the agreement of the Trust, may use SPLIT days to work part of a week during SPL. The Trust and the employee may use SPLIT days to affect a gradual return to work by the employee towards the end of a long period of SPL or to trial a possible flexible working pattern.

22 Returning to work after Shared Parental Leave

22.1 The employee will have been formally advised in writing by the Trust of the end date of any period of SPL. The employee is expected to return on the next working

day after this date, unless they notify the Trust otherwise. If they are unable to attend work due to sickness or injury, the Trust's normal arrangements for sickness absence will apply. In any other case, late return without prior authorisation will be treated as unauthorised absence.

22.2 If the employee wishes to return to work earlier than the expected return date, they may provide a written notice to vary the leave and must give the Trust at least eight weeks' notice of their date of early return. This will count as one of the employee's notifications. If they have already used their three notifications to book and/or vary leave then the Trust does not have to accept the notice to return early but may do if it is considered to be reasonably practicable to do so.

22.3 On returning to work after SPL, the employee is entitled to return to the same job if the employee's aggregate total statutory maternity/paternity/adoption leave and SPL amounts to 26 weeks or less, he or she will return to the same job. The same job is the one they occupied immediately before commencing maternity/paternity/adoption leave and the most recent period of SPL, on the same terms and conditions of employment as if they had not been absent.

22.4 If their maternity/paternity/adoption leave and SPL amounts to 26 weeks or more in aggregate, the employee is entitled to return to the same job they held before commencing the last period of leave or, if this is not reasonably practicable, to another job which is both suitable and appropriate and on terms and conditions no less favourable.

22.5 If the employee also takes a period of unpaid parental leave of 4 weeks or less this will have no effect on the employee's right to return and the employee will still be entitled to return to the same job as they occupied before taking the last period of leave if the aggregate weeks of maternity/paternity/adoption and SPL do not exceed 26 weeks.

22.6 If a parent takes a period of 5 weeks of unpaid parental leave, even if the total aggregate weeks of maternity/paternity/adoption and SPL do not exceed 26 weeks, the employee will be entitled to return to the same job they held before commencing the last period of leave or, if this is not reasonably practicable, to another job which is suitable and appropriate and on terms and conditions no less favourable**.**

23 Training and Awareness

23.1 Advice and support will be provided by the People Hub team to support staff and managers in adhering to this policy and their understanding of dealing with the statutory obligations.

23.2 The People Hub team will raise awareness of this policy through the publication of information on iCare and Contact and to advise staff of changes to the policy through the staff bulletin and ratification processes.

24 References

11.1 Shared Parental Leave: a good practice guide for employers and employees – Acas - March 2015.

11.2 Law Relating to Policy:

- The Shared Parental Leave Regulations 2014
- The Shared Parental Pay (General) Regulations 2014
- The Maternity and Adoption Leave (Curtailment of Statutory Rights to Leave) Regulations 2014
- Employment Rights Act 1996
- Child and Families Act 2014
- Equality Act 2010

25 Contact Details

25.1 Any queries regarding this policy should be directed to the People Hub Team within the People Directorate.

- People Hub Advice Line – 01803 655754 (ext. 55754) or
- Email - tsdft.humanresources@nhs.net

26 Monitoring, Audit and Review Procedures

26.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the People Directorate unless legislative changes determine otherwise.

27 Appendix 1 - SPL forms (resulting from Maternity)

These are the forms needed by a mother and the person she will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?			
	Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
Form 1	**YES**	**YES**	**YES**
Form 2	**YES**	**YES**	**NO**
Form 3	**NO**	**NO**	**YES**
Form 4	**YES**	**NO**	**YES**

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- If the mother is in receipt of Maternity Allowance (MA), she will need to notify Jobcentre Plus to curtail this entitlement
- The earnings requirements mentioned are correct as of March 2015

Key abbreviations used in these forms:

SPL	Shared Parental Leave
ShPP	Statutory Shared Parental Pay
SMP	Statutory Maternity Pay
MA	Maternity Allowance

Form 1: Curtailment of Maternity Leave and Pay (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my maternity leave and/or SMP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my maternity leave will end on the date given in Section B and that my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B. I understand that if I am eligible for myself or my partner to opt into SPL and ShPP I can only reinstate my SMP if I revoke this notice before the end date given in Section C.	
Mother's surname	
Mother's first name(s)	
Child's expected date of birth	
Actual date of child's birth (if born)	
SECTION B: Curtailing maternity leave (must be completed)	
Date statutory maternity leave started/is intended to start	
Date statutory maternity leave will come to an end	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
SECTION C: Curtailing maternity pay (only complete if claiming ShPP)	
Date SMP started/is intended to start	
Date SMP will come to an end	
Total number of weeks of SMP that will have been paid at the date that SMP ends	
SECTION D: Signature (must be completed)	
Signature of mother	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 2: Notification that Mother is intending to take SPL (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother's Surname	
Mother's First name(s)	
Partner's surname	
Partner's first name(s)	
Partner's Address	
Partner's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Maternity entitlement details (all answers that apply must be completed)	
Date mother started (or intends to start) statutory maternity leave	
Date mother's statutory maternity leave ended (or will end)	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
Date mother started (or intends to start) SMP or MA	
Date mother's SMP or MA ended (or will end)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	
SECTION C: Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother) intend to take	
Total number of weeks of SPL my partner intends to take	

SECTION D: Indication of Mother's leave intentions (must be completed but is not binding)	
I (the mother) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the mother) intend to take:	
Total number of weeks of ShPP my partner intends to take:	
I (the mother) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION F: Mother's declaration (must be completed)	
The following points apply in all circumstances where a mother is entitled to maternity leave: • I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL • I will inform my employer immediately if I am no longer caring for my child • I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice • I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • I (or my partner) have given a period of SPL notice • The information provided in this declaration is accurate and meets the notification requirements for SPL **The following points only apply if Section E has been completed:**	

• I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth • I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP • I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL) • I intend to care for my child in the weeks I receive ShPP • I will remain employed with this employer until before the date of my first period of ShPP • I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA • The information provided in this declaration is accurate

Signature of mother	
Date mother signed	

SECTION G: Partner's declaration (must be completed)
• I am the father of the child, or at the date of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship • I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother) • I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth • I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth • I consent to the amount of SPL which the mother intends to take, as set out in Section D above. • I consent to the mother's employer processing the information I have provided • I consent to the amount of ShPP which the mother intends to take, as set out in Section E above. • The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 3: Notice confirming that Partner is taking SPL but mother is not (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother's surname	
Mother's first name(s)	
SECTION B: Confirmation	
• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given a notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP.	
SECTION C: Signature (must be completed)	
Signature of mother	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's Surname	
Partner's First name(s)	
Mother's surname	
Mother's first name(s)	
Mother's Address	
Mother's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Maternity entitlement details (all answers that apply must be completed)	
Date mother started (or intends to start) maternity leave (if applicable)	
Date mother's maternity leave ended (or will end) (if applicable)	
Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
Date mother started (or intends to start) SMP or MA (if applicable)	
Date mother's SMP or MA ended (or will end) (if applicable)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the mothers leave and pay entitlements: • If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid • If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
Total number of weeks of SPL the mother intends to take (if applicable)	
SECTION D: Indication of Partner's leave intentions (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
Total number of weeks of ShPP mother intends to take:	
I (the partner) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	

SECTION F: Partner's declaration (must be completed)	
The following points apply in all circumstances: • I am giving notice that I am entitled to and intend to take SPL • I am the father of the child, or at the time of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship • I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the child's mother who has made the declaration below) • I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice • I will give my employer the name and address of the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice • I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period • I (or my partner) have given a period of SPL notice • The information provided in this declaration is accurate and meets the notification requirements for SPL **The following points only apply if Section E has been completed:** • I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth • I intend to care for my child in the weeks I receive ShPP • I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL) • I will remain employed with this employer until before the date of my first period of ShPP • The information provided in this declaration is correct	
Signature of partner	
Date partner signed	

SECTION G: Mother's declaration (must be completed)

The following points apply in all circumstances: • I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above) • I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA. • I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth • I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth • I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement • I consent to my partner's intended SPL as set out in Section D above • I consent to my partner's employer processing the information I have provided • The information provided in this declaration is accurate and meets the notification requirements for SPL **The following points only apply if Section E has been completed:** • I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP • I consent to my partner's intended ShPP as set out in Section E above • I will immediately inform my partner if I revoke the reduction of my SMP or MA • I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided • The information provided in this declaration is correct

Signature of mother	
Date mother signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

28 Appendix 2 – SPL forms (Adoption)

These are the forms needed by an adopter who has taken adoption leave and/or pay and the person they will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?			
	Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
Form 1	**YES**	**YES**	**YES**
Form 2	**YES**	**YES**	**NO**
Form 3	**NO**	**NO**	**YES**
Form 4	**YES**	**NO**	**YES**

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- The earnings requirements mentioned are correct as of March 2015

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay

Form 1: Curtailment of Adoption Leave and Pay (for Adopter's employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my adoption leave will end on the date given in Section B and that my SAP will finish on the end date given in Section C, unless my notice is revoked or there is no entitlement.	
Adopter's surname	
Adopter's first name(s)	
Child's expected date of placement	
Actual date of child's placement (if known)	
SECTION B: Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory maternity leave ends	
SECTION C: Curtailing adoption pay (only complete if claiming ShPP)	
Date SAP started/is intended to start	
Date SAP pay will come to an end	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D: Signature (must be completed)	
Signature of adopter	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 2: Notification that Adopter is intending to take SPL (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Adopter's Surname	
Adopter's First name(s)	
Adopter's surname	
Partner's first name(s)	
Partner's Address	
Partner's National Insurance number (State 'none' if no number is held)	
Date Adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave	
Date adopter's statutory adoption leave ended (or will end)	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Date adopter started (or intends to start) SAP	
Date adopter's SAP ended (or will end)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C: Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	

Total number of weeks of SPL I (the adopter) intend to take	
Total number of weeks of SPL partner intends to take	
SECTION D: Indication of Adopter's leave intentions (must be completed but is not binding)	
I (the adopter) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the adopter) intend to take:	
Total number of weeks of ShPP partner intends to take:	
I (the adopter) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION F: Adopter's Declaration (must be completed if adopter is entitled to adoption leave)	
The following points apply in all circumstances: • I am giving notice that I am entitled to and intend to take SPL • I have been continuously employed for 26 weeks at the end of week in which I (the adopter) was notified of having been matched for adoption • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL • I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL • I will inform my employer immediately if I am no longer responsible for the care of the child • if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me. • I (or my partner) have given a period of SPL notice	

• I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • The information provided in this declaration is accurate **The following points only apply if Section E has been completed:** • I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child • I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP • I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks • I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks • I will remain employed with this employer until before the date of my first period of ShPP • I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP • The information provided in this declaration is accurate

Signature of adopter	
Date adopter signed	

SECTION G: Partner's Declaration (must be completed)
• I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship • I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child's adopter) • I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child • I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child • I consent to the amount of SPL which the adopter intends to take, as set out in Section D above. • I consent to the adopter's employer processing the information I have provided • I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above. • The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 3: Notice confirming that Partner is taking SPL but Adopter is not (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Adopter's surname	
Adopter's first name(s)	
SECTION B: Confirmation	
• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given a notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP.	
SECTION B: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's Surname	
Partner's First name(s)	
Adopter's surname	
Adopter's first name(s)	
Adopter's Address	
Adopter's National Insurance number (State 'none' if no number is held)	
Date Adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave (if applicable)	
Date adopter's statutory adoption leave ended (or will end) (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Date adopter started (or intends to start) SAP (if applicable)	
Date adopter's SAP ended (or will end) (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the adopter's leave and pay entitlements: • If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken • If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
Section D: Indication of Partner's leave intentions (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
Total number of weeks of ShPP adopter intends to take:	
I (the partner) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	

SECTION F: Partner's Declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child's placement (along with the child's adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I (or my partner) have given a period of SPL notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

SECTION G: Adopter's Declaration (must be completed)

The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.

• I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child • I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child • I consent to my partner's intended SPL as set out in Section D above • I consent to my partner's employer processing the information I have provided • The information provided in this declaration is accurate and meets the notification requirements for SPL **The following points only apply if Section E has been completed:** • I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP • I consent to my partner's intended ShPP as set out in Section E above • I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided • I will immediately inform my partner if I revoke the curtailment of my SAP • The information provided in this declaration is accurate

Signature of adopter	
Date adopter signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

29 Appendix 3 – SPL forms (for parental order parents entitled to adoption leave and/or pay)

These are the forms needed by a parental order parent (POP) who is entitled to adoption leave and/or pay and the person they will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP). The parent entitled to adoption leave and/or pay is referred to as the 'parental order parent' in these forms.

What forms need to be completed?			
	Both parents want to take SPL	Just the POP wants to take SPL	Just the partner wants to take SPL
Form 1	**YES**	**YES**	**YES**
Form 2	**YES**	**YES**	**NO**
Form 3	**NO**	**NO**	**YES**
Form 4	**YES**	**NO**	**YES**

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- The earnings requirements mentioned are correct as of March 2015

Key abbreviations used in these forms:	
SPL	Shared Parental Leave
ShPP	Statutory Shared Parental Pay
SAP	Statutory Adoption Pay

Form 1: Curtailment of Adoption Leave and Pay (for parental order parent's Employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my adoption leave (if eligible) will finish on the end date given in Section B and that my SAP (if eligible) will finish on the end date given in Section C, unless I revoke my notice or there is no eligibility.	
Parental order parent's surname	
Parental order parent's first name(s)	
Child's expected date of birth	
Actual date of child's birth (if born)	
SECTION B: Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
SECTION C: Curtailing adoption pay (only complete if claiming ShPP)	
Date SAP started/is intended to start	
Date SAP pay will come to an end	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D: Signature (must be completed)	
Signature of parental order parent	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 2: Notification that parental order parent is intending to take SPL (for parental order parent's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the parental order parent entitled to adoption leave and/or pay) am entitled to and intend to take SPL (and ShPP if section D is completed).	
Parental order parent's Surname	
Parental order parent's First name(s)	
Partner's surname	
Partner's first name(s)	
Partner's Address	
Partner's National Insurance number (State 'none' if no number is held)	
The date the parental order was granted (if applicable and if it has been granted)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date parental order parent started (or intends to start) statutory adoption leave	
Date statutory adoption leave ended (or will end)	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Date parental order parent started (or intends to start) SAP	
Date SAP ended (or will end)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the parental order parent) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D: Indication of parental order parent's leave intentions (must be completed but is not binding)	
I (the parental order parent entitled to adoption leave) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the parental order parent) intend to take:	
Total number of weeks of ShPP my partner intends to take:	
I (the parental order parent entitled to SAP) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION F: Parental order parent's Declaration (must be completed)	
The following points apply in all circumstances: • I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to adoption leave in respect of my child, my adoption leave period will be reduced and the remainder will be available as SPL • I (or my partner) have given a period of SPL notice • I will inform my employer immediately if I am no longer responsible for the care of the child	

<table>
<tr><td colspan="2">

- I enclose a statutory declaration that I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SAP in respect of the child, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person paying ShPP if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

</td></tr>
<tr><td>Signature of parental order parent</td><td></td></tr>
<tr><td>Date parental order parent signed</td><td></td></tr>
</table>

SECTION G: Partner's Declaration (must be completed)	
• I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship • I had (or will have) the main responsibility for the care of the child at the time of the birth (along with the parental order parent) • I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of birth • I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the expected week of childbirth • I consent to the amount of SPL which the parental order parent intends to take, as set out in Section D above • I consent to the parental order parent's employer processing the information I have provided • I consent to the amount of ShPP which the parental order parent intends to take, as set out in Section E above. • The information provided in this declaration is accurate	
Signature of partner	
Date partner signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 3: Notice confirming that Partner is taking SPL but the parental order parent is not (for parental order parent's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the parental order parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Parental order parent's surname	
Parental order parent's first name(s)	
SECTION B: Confirmation	
• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given a notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP.	
SECTION B: Signature (must be completed)	
Signature of parental order parent	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section E is completed).	
Partner's Surname	
Partner's First name(s)	
Parental order parent's surname	
Parental order parent's first name(s)	
Parental order parent's Address	
Parental order parent's National Insurance number (State 'none' if no number is held)	
The date the parental order was granted (if it has been granted)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date parental order parent started (or intends to start) statutory adoption leave (if applicable)	
Date parental order parent's statutory adoption leave ended (or will end) (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Date parental order parent started (or intends to start) SAP (if applicable)	
Date SAP ended (or will end) (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the parental order parent's leave and pay entitlements: • If the parental order parent was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the parental order parent was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the parental order parent was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks SAP	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
Total number of weeks of SPL the parental order parent intends to take (if applicable)	
Section D: Indication of Partner's leave intentions (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From… To…" format	
SECTION E: Shared parental pay (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
Total number of weeks of ShPP parental order parent intends to take:	
I (the partner) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a "From… To…" format	

SECTION F: Partner's Declaration (must be completed)	
The following points apply in all circumstances: • I am giving notice that I am entitled to and intend to take SPL • I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship • I have been continuously employed for 26 weeks at the end of the 15th week before the expected week of childbirth • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the parental order parent who has made the declaration below) • If available, I will give my employer evidence in the form of a parental order if my employer asks for this within 14 days of the date of this notice • I enclose a statutory declaration that my partner and I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)I (or my partner) have given a period of SPL notice • I will give my employer the name and address of the parental order parent's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • I will inform my employer immediately if I am no longer caring for our child • The information provided in this declaration is accurate and meets the notification requirements for SPL **The following points only apply if Section E has been completed:** • I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth • I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee • I will remain employed with this employer until before the date of my first period of ShPP • The information provided in this declaration is correct	
Signature of partner	
Date partner signed	

SECTION F: Parental order parent's Declaration (must be completed)	
The following points apply in all circumstances: • I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above) • I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP. • I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of childbirth • I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the expected week of birth • I consent to my partner's intended SPL as set out in Section D above • I consent to my partner's employer processing the information I have provided • The information provided in this declaration is accurate **The following points only apply if Section E has been completed:** • I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP • I consent to my partner's intended ShPP as set out in Section E above • I consent to the person who will pay ShPP to my partner processing the information I have provided • I will immediately inform my partner if I revoke the curtailment of my adoption pay • The information provided in this declaration is accurate	
Signature of parental order parent	
Date signed	

Date received by manager	
Name of manager	
Date sent to payroll	
Actioned by payroll	
Copy placed on personnel file	

30 Appendix 4 - Notice of booking a period of SPL (period of leave notice)

These are the letters needed to give your employer notification that you are taking a period of Shared Parental Leave (SPL). The letters can also be used to indicate if you wish to take Shared Parental Pay (ShPP) for any of the dates you have specified.

What letter needs to be completed?	
Notice booking a period of **continuous** SPL	Complete this if you want to book a period of SPL that is taken in one block. Your employer must accept this, although they can discuss it with you.
Notice booking a period of **discontinuous** SPL	Complete this if you want to book in a single notice SPL weeks that are arranged around some weeks where you want to work and some weeks where you want to take SPL. Your employer can refuse this or discuss it with you. However, if you do not reach an agreement with your employer, there are default provisions you can read about in the Acas guidance.

- You will need to edit your letter where the text is **in bold**. You will need to add in dates, personal details or delete parts that do not apply to you.
- If you don't want to claim ShPP for this particular notice, or if you don't qualify for ShPP, delete the parts in the letter that are about pay.
- You can only make notifications when you have confirmed your eligibility and entitlement to SPL and/or ShPP with both your own employer and the employer of the person you are sharing this entitlement with.
- You can usually make up to 3 separate statutory notifications
- You must give 8 weeks' notice of any SPL or ShPP you want to take
- To find out more about the points above and SPL and ShPP in general go to www.acas.org.uk/spl
- Parents and employers should keep a copy of any completed notices

31 Appendix 5 – Template letter - Notice of booking a period of continuous SPL

Name of manager
Address of manager

Telephone:
Email:

Insert date

Dear Insert name

Notice of booking a period of continuous Shared Parental Leave (SPL)

My current remaining entitlement to SPL is _____ weeks.

This is my first / second / third * (delete as appropriate) statutory notification to book leave.

This notice is to book a period of _____weeks of SPL.

I will be taking a continuous period of leave from _____ to _____

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is _____ weeks.

During my period of SPL I would like to receive _____ weeks ShPP.

I would like this paid from _____ to _____

Yours sincerely

Line Manager Name
Job Title

32 Appendix 6 – Template letter - Notice of booking a period of discontinuous SPL

Name of manager
Address of manager

Telephone:
Email:

Insert date

Dear Insert name

Notice of booking a period of discontinuous Shared Parental Leave (SPL)

My current remaining entitlement to SPL is _____] weeks.

This is my first / second / third * (delete as appropriate) statutory notification to book SPL.
This notice is to book a period of _____ weeks of SPL.

I would like to take a discontinuous period of leave. I propose that I take the following weeks as SPL:

- from _____ to _____
- from _____ to _____

I understand that you do not have to agree to this proposal and that if agreement is not reached within 14 days of the date on which I gave this notice to you (the Notice Date) I must either withdraw the notice 15 days after this Notice Date or take the total amount of SPL requested in this booking as one continuous period. I understand that my leave will begin on the start date of the first period of leave I requested UNLESS I notify you within 19 days of the Notice Date of a different start date. A new start date must be at least 8 weeks after the Notice Date.

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is _____ weeks.

During my period of SPL I would like to receive _____ weeks ShPP.

If the proposed period of SPL is agreed I would like to be paid ShPP:

- from _____ to _____
- from _____ to _____

Yours sincerely

Line Manager Name
Job Title