This form is for the use of **University of Aberdeen** staff (the mother of the child or the main adopter) to provide notification of an upcoming period of shared parental leave. Please read the Shared Parental Leave (referred to as SPL) Policy before completing this form.

Please submit this form to Human Resources – Employment Services Centre: HRESC@abdn.ac.uk

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| **Section A PERSONAL DETAILS (to be completed in block capitals)** |
| **Please accept this as notification that I (the mother) am entitled to and intend to take SPL (and ShPP if section C is completed).** |
| **Employee ID Number:** |
| **Continuous Service Date:** Click here to enter a date. |
| **Title:**      **First Name(s):**       **Last Name:**        |
| **Date of Birth:**       **National Insurance Number:**                 |
| **Address:**            **Post Code:**      **Contact Telephone Number:**       **Email:**       |
| **Post Title:**       |
| **Name of Line Manager:** Title:       First Name:       Last Name:       |
| **Post Title:**       |
| **School:** Choose an item. | **Section:** Choose an item. |
| **Partner’s** **First Name(s):**        **Partner’s Last Name:**        |
| **Partner’s** **Address:**            **Post Code:**       |
| **Partner’s Employer’s** **Address:**            **Post Code:**       |
| **Partner’s National Insurance Number:**                 |
| **Childs expected date of birth:**                 |
| **Actual date of child’s birth. (If not yet born I will provide this information as soon as reasonably practical following birth and before I take any SPL):**                 |
| **Section B Maternity entitlement details/Curtailing maternity leave (all answers that apply must be completed)**  |
| Date mother started (or intends to start) statutory maternity leave | Date: Click here to enter a date. |
| Date mother’s statutory maternity leave ended (or will end) | Date: Click here to enter a date. |
| 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: Click here to enter a date. |
| Date mother’s SMP or MA ended (or will end) | Date: Click here to enter a date. |
| 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/Curtailing maternity leave (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: |  Start Date: enter a date.End Date: enter a date. |
|  | Start Date: enter a date.End Date: enter a date. |
|  | Start Date: enter a date.End Date: enter a date. |

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| **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: | Start Date: enter a date.End Date: enter a date. |
|  | Start Date: enter a date.End Date: enter a date. |
|  | Start Date: enter a date.End Date: enter a date. |
| **Section F Employee Declaration** |
| **Declaration a – Returning to Post (Occupational Shared Parental Pay)**[ ]  I confirm I will be returning to post and utilising Option 1Employee Undertaking:I undertake to return to the employment of the University of Aberdeen for a minimum period of 6 months after the expiry of all leave for shared parental leave purposes. I understand that if I fail to comply with this undertaking I will be required to reimburse the University’s Occupational Shared Parental Pay paid to me over and above Statutory Shared Parental Pay (ShPP).**Signed:**       **Date:**Click here to enter a date. **or****Declaration b – Returning to Post (Statutory Shared Parental Pay)**[ ]  I confirm I will be returning to post and utilising Option 2**Signed:**       **Date:**Click here to enter a date. **or****Declaration c – Undecided**[ ]  I confirm I am undecided about returning to work after my period of Shared Parental LeaveI understand that my Human Resources Adviser will contact me 6 weeks after my Expected Week of Confinement to request confirmation of my decision. I confirm that I will respond within 2 weeks of their request.**Signed:**       **Date:**Click here to enter a date. **or****Declaration d – Not Returning to Post**[ ]  I confirm I will not be returning to workI understand that I have the right to return to my post with the University of Aberdeen but have decided that I do not wish to return. I have enclosed a letter of resignation as per my contract of employment.  **Signed:**      **Date:**Click here to enter a date. |
| **Section G Mother's/Main Adopter 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
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| Signature of Mother | Date: Click here to enter a date. |

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| **Section H Partner’s declaration (must be completed)** |
| * I am the father/partner 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: Click here to enter a date. |