Please use this form to request a period of Shared Parental Leave – for Mother / Main Adopter to provide notification of an upcoming period of shared parental leave. You are advised to read the [Shared Parental Leave Procedure](https://www.abdn.ac.uk/staffnet/working-here/leave-6719.php#panel5492) before completing this form.

Please send this form to Human Resources – Employment Services Centre: [HR@abdn.ac.uk](mailto:HR@abdn.ac.uk)

|  |  |  |
| --- | --- | --- |
| **Section A PERSONAL DETAILS** | | |
| **Please accept this as notification that I (the mother) am entitled to and intend to take Shared Parental Leave, as detailed below:** | | |
| **Employee ID Number:** | | |
| **Continuous Service Date:** | | |
| **First Name(s):** | **Last Name:** | |
| **Contact Telephone Number:** | **Email:** | |
| **Post Title:** | | |
| **School:** | | **Section:** |
| **Partner’s First Name(s):** | | **Partner’s Last Name:** |
| **Expected Week of Childbirth / Birth date if known / Placement date:** | |  |

|  |  |
| --- | --- |
| **Section B Leave Entitlement Details / Curtailing Maternity Leave** | |
| Date mother started (or intends to start) statutory maternity leave or maternity allowance | Date: |
| Date mother’s statutory maternity leave or maternity allowance ended (or will end) | Date: |
| Complete the details in line B and C to calculate the statutory entitlements received so far:   |  |  |  | | --- | --- | --- | |  | **Leave** | **Statutory Pay (ShPP only)** | | A - Total Shared Entitlement (weeks) | 50 | 37 | | B - Weeks already taken / booked to be taken by you and / or the person you are sharing leave with (this includes Maternity Leave and any previous SPL): |  |  | | C – Remaining weeks available for SPL: |  |  | | |

|  |  |
| --- | --- |
| **Section C: Employee Declaration** | |
| I have read the University of Aberdeen’s Shared Parental Leave Procedure and understand my entitlement. I accept the conditions under which these provisions are granted and now wish to apply for pay/leave in accordance with the selected option below.   * Option 1 - I confirm I will be returning to post and utilising Occupational Shared Parental Pay * Option 2 - I confirm I will be returning to post and utilising Statutory Shared Parental Pay (only) * Option 3 - I confirm I am undecided about returning to work after my period of Shared Parental Leave and understand I will be contacted to request confirmation of my decision. * Option 4 - I confirm I will not be returning to work | |
| **Section C: Leave Dates and Pay Options** | |
| Please complete the table below to detail the pay arrangements for this booking period. Start and end dates must cover full weeks, i.e. blocks of 7 calendar days.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Start Date**  **(dd/mm/yyyy)** | **End Date**  **(dd/mm/yyyy)** | **Total number of weeks’ SPL** | **Pay Category (select as applicable)** | | | | **Occupational** | **ShPP** | **Unpaid** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Total number of weeks (total number of weeks cannot exceed ‘remaining weeks available for SPL’ in section B \*\*. | |  |  |  |  |   **\*\* - Total Occupational SPL cannot exceed 16 weeks and total ShPP cannot exceed 19 weeks if entitled to Option 1 / and total ShPP cannot exceed 37 weeks if entitled to Option 2** | |
| **Signed:** | **Date:** |