

NOTIFICATION OF ENTITLEMENT TO SHARED PARENTAL LEAVE FORM

Please refer to the University's Shared Parental Leave Policy and Procedure when completing this form.

This form should be used to declare your entitlement to Shared Parental Leave. It captures the details required to confirm your eligibility for Shared Parental Leave and provides the University with early notice of the proposed dates on which you are considering taking Shared Parental Leave.

Providing proposed dates for Shared Parental Leave does not in itself count as formally booking a period of Shared Parental Leave. To book your leave formally please use the 'Request to Book Shared Parental Leave' form.

This form should be submitted to your Manager and Associate HR Business Partner/Administrator **at least 8 weeks** before the start date of the first period of Shared Parental Leave.

Section 1 – Basic Details

Employee name	
Job title	
College/Department	
Telephone number	
Manager's name	
Date request made and form shared with Manager and Human Resources	
Are you the mother/primary adopter of the child or the partner of the mother/primary adopter?	
What is/was your child's expected due date/placement for adoption?	
Date on which the mother or primary adopter commenced (or will commence) maternity/adoption leave:	

Section 2 – Notice of Curtailment of Maternity/Adoption Leave

In order to create an entitlement to Shared Parental Leave, the birth mother/primary adopter must give notice to curtail their entitlement to maternity/adoption leave. This must be 2 weeks after the birth/adoption.

Please complete **either** box **a)** or **b)** depending on whether you are:

a)	The mother or primary adopter	Date:
	I wish my maternity/adoption leave and/or pay (if applicable) to end on the following date:	
	Signed:	

b)	The partner (of the birth mother or primary adopter)	Date:
	I confirm my partner’s maternity/adoption leave/or pay ended (or they have given formal notice for it to end) on the following date:	
	Signed:	

Section 3 – Shared Parental Leave and Pay Details

You should only complete the field relating to Shared Parental Pay if you have checked that you are eligible to receive it (Note – eligibility for Shared Parental Leave and Shared Parental Pay differ).

Total Leave/Pay entitlement (both parents combined)	Weeks
Enter the total number of weeks of Shared Parental Leave available to <u>both parents combined</u> (i.e. 52 weeks minus the number of weeks maternity/adoption leave taken (or to be taken) by the date you provided in Section 2:	
Enter the total number of weeks of Shared Parental Pay available to <u>both parents combined</u> (i.e. 39 weeks minus the number of weeks maternity/adoption pay taken (or to be taken) by the date you provided in Section 2:	

How Leave/Pay will be shared (between each parent)	Leave	Pay
Number of weeks Shared Parental Leave/Pay you intend to take:		
Number of weeks Shared Parental Leave/Pay your partner intends to take:		

Section 4 – Shared Parental Leave and Pay Proposed Dates (non-binding)

Please provide the proposed (**non-binding**) start and end dates (in 1 week blocks) of the Shared Parental Leave (and Pay, only if eligible) that **you** intend to take. This should tally with the number of weeks you have indicated above.

Shared Parental Leave dates (To – From)	Total Weeks	Shared Parental Pay dates (To – From)	Total Weeks

Please Note: The above dates are for information purposes only and are **non-binding**. If you wish to formally request a period of Shared Parental Leave, then please complete the 'Request to Book Shared Parental Leave' form.

Section 5 – University Shared Parental Pay (USHPP) (section 5.2 of Policy)

Employee Declaration	
<p>Up to 16 weeks' USHPP may be available to you provided that you return to work for at least 3 months following your Shared Parental Leave.</p> <p>If you do not return to work for at least 3 full working months following your Shared Parental Leave, you are only entitled to the statutory ShPP elements (if applicable)</p> <p>If you are unsure about returning to work after your period of Shared Parental Leave, you may defer taking your USHPP until your return to work. Instead, during your Shared Parental Leave, you will be paid the Statutory element of Shared Parental Pay. The difference between this pay and USHPP will then be paid to you at an agreed later date.</p> <p>Please tick the following box if you wish to delay receipt of your USHPP: <input type="checkbox"/></p>	
Signature	
Date	

Section 6 – Declarations of Eligibility

Declarations of eligibility must be provided by both the employee and their partner. **There are separate eligibility criteria for Shared Parental Leave and Shared Parental Pay.** Where both partners are employed by the University, each individual will need to complete and submit their own form to their Manager and Human Resources. Please read each section (Leave & Pay) and then tick if the statement applies before signing below:

Employee: Declaration of Eligibility for Shared Parental Leave (SPL)	Please tick as appropriate
I am the mother/primary adopter or partner of the child's mother/adopter	
At the date of the child's birth/adoption, I will share the main responsibility (with the other parent) for the care of the child.	
<p>I confirm that the mother/primary adopter is/was entitled to statutory maternity/adoption leave and has ended or given notice to end their entitlement to this as detailed in Section 2 above.</p> <p style="text-align: center;">OR</p> <p>I confirm that the mother/primary adopter isn't/wasn't entitled to statutory maternity/adoption leave but they are/were entitled to statutory maternity/adoption pay or maternity allowance and have ended or given notice to end their entitlement to this as detailed in Section 2 above.</p> <p style="text-align: center;">OR</p> <p>I am the mother/primary adopter and I am/was entitled to statutory maternity/adoption leave and have ended or given notice to end my entitlement to this as detailed in Section 2 above.</p>	
I had/will have a minimum of 26 weeks' continuous service at the end of the 15 th weeks before the child's expected due date/placement date and I intend to be employed by the University at the start of each period of Shared Parental Leave.	
Employee: Declaration of Eligibility for Shared Parental Pay (ShPP)	Please tick as appropriate
<p>I confirm that the mother/primary adopter is/was entitled to Statutory Maternity Pay/Adoption Pay or maternity allowance and has ended (or given notice to end) their entitlement to this as detailed in Section 2.</p> <p style="text-align: center;">OR</p> <p>I am the mother/primary adopter and I am/was entitled to Statutory Maternity Pay/Adoption Pay or maternity allowance and have ended (or given notice to end) my entitlement to this as detailed in Section 2.</p>	
At the date of the child's birth/adoption, I will share the main responsibility (with the other parent) for the care of the child.	

Employee:		Please tick as appropriate	
Summary			
I have correctly notified the University of my entitlement and will comply with the notice requirements, as outlined in the Shared Parental Leave Policy, for any periods of leave requested (or varied).			
The information I have provided is accurate and I will immediately inform the University if I cease to care for the child or if my eligibility to Shared Parental Leave changes/ceases.			
Signed:		Date:	
To be filled in by employee's partner:		Please circle/tick as appropriate	
Declaration of Eligibility			
I am the birth mother/primary adopter or partner of the child's birth mother/primary adopter.			
At the date of the child's birth/adoption, I will share the main responsibility (with the other parent) for the care of the child.			
I have worked/will work for at least 26 weeks (not necessarily continuously) in the period of 66 weeks leading up to the week in which my child's due/placement date and have met the Employment Earnings Test.			
I consent to the amount of Shared Parental Leave (and pay of applicable) that my partner wishes to take and confirm that Section 3 has been completed accurately.			
To be filled in by employee's partner:		Please tick as appropriate	
Additional Declarations (if you are the birth mother/primary adopter)			
I have ended or given notice to my employer to end my maternity/adoption leave entitlement (including my entitlement to Statutory Maternity Pay/Adoption Pay or maternity allowance (if applicable) and this has been correctly recorded by my partner in Section 2.			
I will immediately inform my partner if I no longer meet the requirements to curtail my maternity leave (and pay if applicable).			
I consent to Brunel University London processing the information provided contained within this declaration.			
To be filled in by employee's partner:			
Additional Details (Required)			
Name:		NI Number:	
Address:			
Signed:		Date:	

For the purposes of confirming entitlement, The University retains the right, within 14 days of the SPL notification being given, to request evidence of birth/adoption. Any information obtained for this purpose will be treated in strict confidence with Data Protection requirements and will be destroyed once eligibility has been confirmed.

PLEASE RETURN YOUR COMPLETED FORM TO YOUR MANAGER AND HUMAN RESOURCES.