# Shared parental leave (ShPL)

## Mother's and partner's joint notice of entitlement and intention to take shared parental leave

This form must be completed by the mother and her partner where you **both** work at the University to provide a Notice of Entitlement and Intention to Take Shared Parental Leave. It should be submitted at the same time as the mother submits the Maternity Leave Curtailment Notice unless that has already been submitted.

This Notice enables the University to check that you are entitled to Shared Parental Leave (ShPL) and provides an initial indication of the ShPL you wish to take, please note:

* The start date of your first period of ShPL you wish to take must be at least 8 weeks after you have provided this Notice and – if you are the mother - at least 2 weeks after the birth of the child
* ShPL must be taken in blocks of at least 1 week
* This Notice is not binding and you must give the University a Period of Leave Notice at least 8 weeks before the first period of ShPL to confirm the ShPL you wish to take
* The partner can begin a period of ShPL at any time from the date of the child’s birth (although s/he may be entitled to take up to 2 weeks’ Paternity Leave following the birth of the child, which could be lost if is ShPL is taken first)
* The mother and partner must take any ShPL within 52 weeks of the child’s birth

## Section A: Mother’s notice of entitlement and intention to take shared parental leave

|  |  |
| --- | --- |
| **Full name** |   |
| **Job title** |   |
| **Department** |   |

I wish to provide the University with an initial indication of my proposed ShPL, as well as the required declaration.

|  |  |
| --- | --- |
| My Maternity Leave started/is expected to start on: |   |
| My Maternity Leave ended/is expected to end on: |   |
| My child was born on/child’s expected week of birth is: |   |
| The total amount of ShPL my partner and I have available is:(This can be worked out from information in the letter confirming your entitlement to Maternity Leave) |   |
| I intend to take the following number of weeks’ ShPL: |   |
| I intend to take ShPL on the following dates\*:(include the start and end dates for each period of leave that you intend to take) |   |
| I intend to take the following number of weeks’ Shared Parental Pay (ShPP) (if applicable): |   |
| I intend to take ShPP on the following dates (if applicable)\*: |   |

\*Where this is submitted before the child’s birth, express this as the date on which the child is expected to be born plus a number of weeks (where a week is 7 days) following that date.

### I declare that I satisfy/will satisfy the following eligibility requirements to take ShPL:

|  |  |
| --- | --- |
| I have/will have 26 weeks’ continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of ShPL that I take, I will have remained in continuous employment with the University? | True / False |
| At the date of the child’s birth, I have/will have the main responsibility, apart from my partner, for the care of the child? | True / False |
| I am entitled to Statutory Maternity Leave in respect of the child? | True / False |
| I have complied with the University’s Maternity Leave Curtailment requirements/returned to work before the end of my Statutory Maternity Leave period, and will comply with the University’s ShPL notice and evidence requirements? | True / False |
| I will inform the University at the first available opportunity if my partner or I cease to be the primary carer of the child? | True / False |

## Section B: Partner’s notice of entitlement and intention to take shared parental leave

|  |  |
| --- | --- |
| **Full name** |   |
| **Job title** |   |
| **Department** |   |

I wish to provide the University with an initial indication of my proposed ShPL, as well as the required declaration.

|  |  |
| --- | --- |
| I intend to take the following number of weeks’ ShPL: |   |
| I intend to take ShPL on the following dates\*:(include the start and end dates for each period of leave that you intend to take) |   |
| I intend to take the following number of weeks’ Shared Parental Pay (ShPP) (if applicable): |   |
| I intend to take ShPP on the following dates (if applicable)\*: |   |

\*Where this is submitted before the child’s birth, express this as the date on which the child is expected to be born plus a number of weeks (where a week is 7 days) following that date

### I declare that I satisfy/will satisfy the following eligibility requirements to take ShPL:

|  |  |
| --- | --- |
| I have/will have 26 weeks’ continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of ShPL that I take, I will have remained in continuous employment with the University? | True / False |
| At the date of the child’s birth, I have/will have the main responsibility, apart from the mother, for the care of the child? | True / False |
| I will comply with the University’s ShPL notice and evidence requirements? | True / False |
| I am the father of the child, or am married to, the civil partner of, or the partner of, the mother? | True / False |
| I will inform the University at the first available opportunity if I cease to care for the child or if the child’s mother informs me that she has revoked the curtailment of her Maternity Leave or Pay period? | True / False |
| I consent to the amount of ShPL that the mother intends to take? | True / False |

## Signatures

|  |  |
| --- | --- |
| Mother’s signature |   |
| Partner’s signature |   |
| Date |   |

## What to do next

* You should complete and submit this form to HR Services, hr-enquiries@york.ac.uk

Any periods of ShPL that you indicate in this Notice may be changed at a later date by giving the University a Variation Notice of Entitlement and Intention to Take Shared Parental Leave.