# Shared parental leave (ShPL)

## Period of leave notice

This form must be completed by the employee – whether the mother or the partner - to confirm the Shared Parental Leave (ShPL) you wish to take following the initial indication you provided in the Notice of Entitlement and Intention to Take Shared Parental Leave form and any subsequent Variation of Notice of Entitlement and Intention to Take Shared Parental Leave forms

* The start date of the first period of ShPL you wish to take must be at least 8 weeks after you have provided this Notice, and 2 weeks after the birth of the child if you are the mother
* ShPL must be taken in blocks of at least 1 week
* Any periods of ShPL that you confirm in this Notice can be changed at a later date by completing a Variation of Period of Leave Notice. However please note you may only submit a maximum of 3 Period of Leave notices and Variation of Period of Leave Notices
* The mother’s partner can begin a period of ShPL at any time from the date of the child’s birth (although the partner may be entitled to take up to 2 weeks of Paternity Leave following the birth of the child, which the partner may lose if ShPL is taken first)
* The mother and her partner must take any ShPL within 52 weeks of the birth

## Your details

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

I wish to take the following period(s) of ShPL - **Please complete either Section A or Section B.**

## Section A: complete if your child has already been born or know the exact dates on which you would to take ShPL

|  |  |
| --- | --- |
| I intend to take ShPL on the following dates (please include the start and end dates for each period of leave 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): |  |

\*Note that the University understands that employees’ plans change. However it is recommended that you and your partner think carefully before submitting this form as you are only able to submit your period of leave notice (including any variations) a maximum of 3 times.

## Section B: Complete if your child has not been born yet and you wish your ShPL to start either on the date on which your child is born or a specified number of days after that date

|  |  |
| --- | --- |
| I wish my ShPL to start on the day on which my child is born/the following number of days after the date on which my child is born:  (If you are the mother, this must be at least 2 weeks after the child is born) |  |
| I wish my ShPL to end the following number of weeks after the date on which my child is born: |  |
| 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): |  |

## Signatures

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

## What to do next

* You should complete and submit this form to your Head of Department and a copy sent to HR Services, hr-enquiries@york.ac.uk