**Please refer to the Shared Parental Leave Guidance before completing this form.**

If you wish to take shared parental leave, then you must submit this form to hrhelpdesk@falkirk.gov.uk at least **8 weeks** before the start of the first period of shared parental leave. If you are the mother/main adopter, you must also complete the curtailment notice section confirming you are bringing your maternity leave to an end.

To allow us to calculate the amount of shared parental leave you are eligible for please complete the following.

|  |  |
| --- | --- |
| Employee Name |  |
| Employee No |  |
| Job Title(s)\* |  |
| Date on which maternity / adoption leave started / will start |  |
| Date on which maternity / adoption leave ended / will end |  |
| Date your baby was born/date of placement for adoption |  |

I confirm that:

I meet the eligibility criteria for shared parental leave as described in the [Family Leave Policy](https://www.falkirk.gov.uk/employees/policies/family-leave.aspx)

**and**

I am the mother/main adopter of the child (also complete

curtailment notice section below)

**or**

I am the partner of the mother/main adopter of the child

(Please tick relevant boxes)

Signed:

Date:

**Partner only** - If you have 2 or more jobs with the Council you are required to give notice for shared leave in both posts. If you have one post with the Council and one with another employer you can decide if you wish to take shared leave from all posts.

**Mother/main adopter only -** This section is to inform us that you wish your maternity/adoption leave/pay to end in order that the person who shares the main responsibility to care for your child can take shared parental leave.

You must give at least 8 weeks’ notice of your curtailment (end of maternity/adoption leave) date. If you are entitled to maternity leave, the curtailment date must be at least two weeks after the birth of your child.

|  |  |
| --- | --- |
| Name |  |
| Employee No |  |
| Job Title(s)\* |  |
| I wish my maternity/adoption leave to end on |  |
| Date your baby was born/ date of placement for adoption |  |
|  Signature |  |
| Date |  |

(\*) If you have 2 or more jobs either with the Council (or with the Council and another employer) you are required to curtail your maternity leave in all posts.

Please ensure that all your job titles are noted in this form.