Please refer to the Family Leave Policy and Shared Parental Leave Guidance and discuss with your manager before completing this form.

This form should be completed should you wish to book shared parental leave. You must give at least 8 weeks’ notice of any dates in which you wish to take as shared leave.

|  |  |
| --- | --- |
| Name |  |
| Employee No |  |

|  |  |
| --- | --- |
| 1. Maternity start date |  |
| 1. Date your baby was born/ date of placement for adoption |  |
| 1. Maternity curtailment (end) date |  |
| 1. Number of weeks maternity or adoption leave taken by the mother/ main adopter (difference between date A and date C) |  |
| 1. Remaining number of weeks of **shared parental leave** available (52 weeks minus the number of weeks taken according to the above dates) *(*52 – D above*)* |  |
| 1. Maximum number of weeks of **shared parental pay** available (39 weeks minus the number of weeks taken according to the above dates (39 – D above) |  |
| 1. Total number of weeks shared parental pay you intend to take |  |
| 1. Total number of weeks shared parental leave you intend to take |  |
| 1. Total number of weeks shared parental pay the other parent intends to take |  |
| 1. Total number of weeks shared parental leave the other parent intends to take |  |

**Requested Shared Parental Leave / Pay Dates**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Period 1** | **Period 2** | **Period 3** |
| **Start date** |  |  |  |
| **End date** |  |  |  |
| **Number of weeks leave** |  |  |  |
| **Number of weeks pay (if applicable)** |  |  |  |

**Declarations**

**By the Employee**

Please confirm your eligibility by ticking the appropriate boxes below and signing the form

* I am the mother, father or main adopter of the child and will share the care of the child with my partner named below
* I meet the eligibility criteria for shared parental leave

If appropriate:

* I meet the eligibility criteria for shared parental pay
* I am the mother or main adopter and have completed the **notice of curtailment of maternity / adoption leave** section and understand that this is **binding** subject to certain conditions outlined in the policy

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For completion by the Employee’s Partner**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Name and Address of Employer |  |
| National Insurance Number |  |

I confirm that I meet the following criteria for eligibility for shared parental leave:

* I have worked either directly, for an agency or self-employed, for 26 weeks in the 66 weeks leading up to the due date
* I have earned above the maternity allowance threshold of £30 a week in 13 of the 66 weeks leading up to the due date
* I consent to your employee taking shared parental leave and shared parental pay as detailed above

If appropriate:

* I am the mother / main adopter and confirm I have curtailed my maternity / adoption leave and pay with my employer (or will have done so by the time your employee takes shared parental leave)
* I consent to you retaining and processing the information contained in this form for the purposes of processing shared parental leave

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to:

* HR Helpdesk - by email to [hrhelpdesk@falkirk.gov.uk](mailto:hrhelpdesk@falkirk.gov.uk)