



Entitlement to Shared Parental Leave Form and Curtailment form SPL 1A

You should use this form if you would like to bring your maternity/adoption leave to an end and take a period of shared parental leave.

Colleagues must submit this form to their manager at least 8 weeks before the start date of the first period of the shared parental leave.

Please refer to the Society's shared parental leave policy for details on eligibility and further information before completing this form.

Section 1 – Basic details (to be completed by the colleague (mother/main adopter))

Business/Location	
Colleague name	
Employee number	
Are you the mother/ main adopter of the child adopter?	
Childs expected date of birth/ date of placement for adoption	
Child's actual date of birth/ date of placement (if known)	
Start date of maternity/adoption leave	
End date of maternity/adoption leave	

Policy name:	SPL1A Entitlement to Shared Parental Leave Form	Date of last review:	April 2022
Policy owner:	HR	Issue number:	002

Section 2: Curtailment of maternity/adoption and notification entitlement (to be completed by the colleague (mother/main adopter))

I give notice that I wish to end my Maternity/Adoption leave on _____ (date)

I confirm that I meet the criteria below:

- I have the main caring responsibility for my child (along with my partner/co-adopter) and I will inform the Society immediately if this changes
- I am entitled to statutory maternity/adoption Leave
- I will have worked for the Society for at least 26 weeks by the end of the Qualifying Week (the fifteenth week before the expected week of childbirth or the matching week)
- I am aware that I must still be employed in the first week that Shared Parental Leave is to be taken.
- (If I am claiming shared parental pay) I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week
- I agree to inform the Society immediately if I cease to meet the conditions for entitlement to shared parental leave or statutory shared parental pay.

I declare that the information I have given is accurate. I understand that, if requested by my partner's employer, the Society may confirm in writing to them that I meet the eligibility criteria for Shared Parental Leave and tell them how much Maternity/Adoption Leave I intend to take up until I end it.

Signed: _____

Date: _____

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Section 3 – Period of leave notice (to be completed by the colleague (mother/main adopter))

The total amount available is 52 weeks minus the number of weeks’ leave/pay already taken by the mother/main adopter. Please note if you are the mother/main adopter you cannot start shared parental leave until after the compulsory maternity/adoption leave period, which lasts until two weeks after birth, or the first two weeks of adoption leave.

Please detail below how you intend to take shared parental leave/share the shared parental leave between you.

(e.g. the number of weeks’ shared parental leave the colleague intends to take and the number of weeks’ the other parent intends to take. Please include the start and end dates of shared parental leave.)

<p>Total maternity/adoption leave taken (minimum of 2 weeks)</p>	
<p>Remaining shared parental leave available per couple (52 weeks minus the number of weeks’ maternity/adoption leave or SMP/SAP taken or to be taken by you or your partner)</p>	
<p>Detail of how you intend to take shared parental leave/share the shared parental leave between you</p>	<p>(e.g. the number of weeks’ shared parental leave the colleague intends to take and the number of weeks’ the other parent intends to take. Please include the start and end dates of shared parental leave)</p>

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Section 4 - Shared parental pay details (to be completed by the colleague (mother/main-adopter))

<p>Total number of week's maternity/adoption pay, or maternity allowance taken (39 weeks minus the number of weeks maternity/adoption pay or maternity allowance taken according to the dates given in section 1)</p>	
<p>Total number of week's shared parental pay available</p>	
<p>Detail of how you intend to claim shared parental leave pay</p>	<p>(e.g. the number of weeks' shared parental leave pay the colleague intends to claim and the number of weeks' the other parent intends to claim. Please include the start and end dates of shared parental leave pay)</p>

Please note: You do not have to take Shared Parental Leave as detailed above, you are required to confirm your requested dates by submitting a SPL2- shared parental leave request form.

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Section 5 – Colleague’s partner details (to be completed by the colleague’s partner/co-adopter)

Name	
Address	
National Insurance Number	
Name and address of employer	

I confirm that I meet the following conditions:

- I am the partner, civil partner or spouse of the child’s mother/main adopter
- I have worked in Great Britain for at least 26 weeks’ (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (matching week). I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior of those weeks.
- I agree to inform your employee immediately if I cease to meet the two conditions above

I consent to my partner/main adopter taking shared parental leave and shared parental pay as detailed in this form.

I consent to you processing the information contained in this declaration.

Signed: _____

Date: _____

Please return this form to the Payroll Team; payrollusers@midcounties.coop or Payroll Enquiries, Personnel Services Group, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Gallows Hill, Warwick, CV34 6DA.

Please also email a copy of this form to familyleave@midcounties.coop.

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