

**Entitlement to Shared Parental Leave Form – Child’s Father/ Mothers Partner/Co-Adopter**  
**SPL1B**

You should use this form if you would like to take shared parental leave following a period of paternity 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 (child’s father/partner/co-adopter))

<b>Business/Location</b>	
<b>Colleague name</b>	
<b>Employee number</b>	
<b>Are you the child’s father, mothers’ partner or co-adopter?</b>	
<b>Child’s expected date of birth/ date of placement for adoption</b>	
<b>Start of paternity leave</b>	
<b>End of paternity leave</b>	
<b>Child’s actual date of birth/ date of placement (if known)</b>	
<b>Start date of maternity/adoption leave</b>	
<b>End date of maternity/adoption leave</b>	

<b>Policy name:</b>	Entitlement to Shared Parental Leave Form SPL1B	<b>Date of last review:</b>	August 2019
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-SM-001

**Section 2: Notification of entitlement** (to be completed by the colleague (child's father/mothers' partner/co-adopter))

I confirm that I meet the criteria below:

- I am the child's father/spouse, civil partner, partner of the child's mother or co-adopter.
- I will have the main caring responsibility for the child (along with my partner/my child's mother/main adopter)
- I will have worked for the Society for at least 26 weeks at the end of the 15th week before the week in which my child is due
- I am aware that I must still be employed in the week before any shared parental leave is to be taken.

I confirm that I will inform the Society should my partner/my child's mother/main adopter withdraw her maternity/adoption Leave curtailment notice.

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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**Section 3 – Period of leave notice** (to be completed by the colleague (child’s father/partner/co-adopter))

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

Please note this is not a request for leave, but an indication of your intention to take shared parental leave.

<b>Total maternity/adoption leave taken</b> (minimum of 2 weeks)	
<b>Remaining shared parental leave available per couple</b> (the maximum amount of leave that can be shared is 50 weeks)	
<b>Detail of how you intend to take shared parental leave/share the shared parental leave between you</b>	(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)

**Section 4 - Shared parental pay details** (to be completed by the colleague (child’s father/partner/co-adopter))

<b>Total number of week’s maternity/adoption</b>	
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<p><b>pay, or maternity allowance taken</b> (39 weeks minus the number of weeks maternity/adoption pay or maternity allowance taken according to the dates given in section 1)</p>	
<p><b>Total number of week's shared parental pay available</b></p>	
<p><b>Detail of how you intend to claim shared parental leave pay</b></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>

**Section 5 – Colleague's partner details** (to be completed by the colleague's partner (child's mother/main adopter))

Name	
Address	
National Insurance Number	
Name and address of employer	

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**I confirm that I have ended my maternity/adoption leave by either returning to work, or informing my employer that I wish to end my maternity/adoption leave or statutory maternity/adoption pay.**

I confirm that I meet the following conditions:

- I am 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 agree to inform my partner/child's father/co-adopter immediately if I withdraw my curtailment of maternity/adoption leave/pay.

I consent to my partner/child's mother/co-adopter taking the amount of shared parental leave and shared parental pay as detailed this form.

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

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

Please return this form to the Payroll Team; 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 the HR Operations Coordinator & Maternity/Paternity Coordinator in PSG. [MaternityPaternity@midcounties.coop](mailto:MaternityPaternity@midcounties.coop).

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