

Period of leave notice form

Please complete and return this form to your manager if you wish to request a period of shared parental leave/shared parental pay or to vary a previously approved period.

You must have submitted a SPL1 (A or B) form and have your entitlement to shared parental leave confirmed. You must give at least 8 weeks' notice of the start date of the leave.

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

Section 1 – Colleague details (to be completed by the colleague)

Business/Location	
Colleague name	
Employee number	

Section 2 - Shared Parental Leave Request (to be completed by the colleague)

Date of request __/__/____	This is my 1 st request <input type="checkbox"/> 2 nd request <input type="checkbox"/> 3 rd request <input type="checkbox"/>	
I would like to take shared parental leave as:		
Single continuous period of leave <input type="checkbox"/> Multiple blocks of leave <input type="checkbox"/>		
Please provide the dates when you would like to take shared parental leave/pay. If you're requesting multiple blocks of leave, please clearly state the start and end dates of each block of leave requested:		
Start date	End date	Number of weeks leave/pay
Signed: _____		Date _____

Policy name:	Period of Leave Notice Form - SPL2	Date of last review:	August 2019
Policy owner:	PSG	Issue number:	PSG-SM-001

Section 3 – Managers comments

I can confirm that your request to take shared parental leave on the above dates has been:

Agreed Declined

(Please note, if the request is for one continuous period of leave, it cannot be declined.)

<p>Decision comments:</p> <p>Signature _____ Date: _____</p>

Note to manager:

If you approve the request, you should return this form to the payroll department; Payroll Enquiries, Personnel Services Group, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Warwick, CV34 6DA.

Please also email a copy to the HR Operations Coordinator & Maternity/Paternity Coordinator at MaternityPaternity@midcounties.coop.

If you have any concerns about the request for blocks of leave, you must speak to the HR Operations Co-ordinator and/or HR advisor for your business group. A meeting will be arranged during a 14 day discussion period. At the end of the period the agreement will be confirmed in writing.

Where declined, this form should be stored securely for 19 days. If, after 14 days from the date of the original submission, the request hasn't been withdrawn, and after 19 days the requested start date hasn't been changed, you should complete the declaration below and return this form to the Payroll department and HR Operations Coordinator. The request will then default to one continuous period of leave for the total time originally requested, beginning on the date the first block of leave was originally requested to start.

Manager's declaration (to be completed by the authorising manager for appropriate declined requests)

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I declare that 14 days after the above request was submitted the colleague has not withdrawn this request, and after 19 days the colleague has not advised that they wish to alter the start date of their Shared Parental Leave.

Date: _____

Managers Name: _____ Managers signature _____

Please return this form to the payroll department; Payroll Enquiries, Personnel Services Group, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Warwick, CV34 6DA, who will send a letter to the colleague to confirm the approved period(s) of Shared Parental Leave.

Please also email a copy to the HR Operations Coordinator & Maternity/Paternity Coordinator at MaternityPaternity@midcounties.coop.

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