

Shared Parental Leave Entitlement & Booking Form (SHPL1 Form)

Before completing this form please refer to the University’s Shared Parental Leave Policy.

**SECTION A**

**Employee to Complete**

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Faculty/ Service** |  |
| **Line Manager** |  |
| **Date of application** |  |
| **Name of the other parent or partner of the child’s mother/primary adopter** |  |
| **Start date of maternity/adoption leave** |  |
| **End date of any maternity/adoption leave** |  |
| **Total amount of shared parental Leave available** |  |
| **Expected date of child’s birth/actual date of child’s birth. For adoption, the date when notified as having been matched and the date of placement for adoption** |  |
| **The amount of Shared Parental Leave I expect to take is** |  |
| **The amount of Shared Parental Leave my partner intends to take is** |  |
| **Details of the dates when I intend to take leave (NB. This is non-binding)** |  |

### Signed Declaration from Employee regarding Shared Parental Leave

|  |  |
| --- | --- |
| I meet or will meet the conditions of eligibility and entitlement to take shared parental leave, as set out in the Shared Parental Leave Policy and I will immediately inform the University should I cease to be eligible. | Yes  No |
| I am the mother/adopter of the child or the father of the child or spouse, civil partner or partner of the mother/adopter | Yes  No |
| The information I have provided is correct | Yes  No |
| **Signature** | |
| **Name** | |
| **Date** | |

***Please complete this section if you are also applying to take Shared Parental Pay***

|  |  |
| --- | --- |
| **Start date of maternity/adoption pay or maternity allowance** |  |
| **End date of maternity/adoption pay or maternity allowance** |  |
| **Total amount of Shared Parental Pay available** |  |
| **The amount of Shared Parental Pay employee expects to take** |  |
| **The amount of Shared Parental Pay partner expects to take** |  |
| **Details of the dates when employee intends to claim Shared Parental Pay (NB. This is non-binding)** |  |

### Signed Declaration from Employee regarding Shared Parental Pay

|  |  |
| --- | --- |
| I meet or will meet the conditions of eligibility and entitlement to take shared parental pay, as set out in the Shared Parental Leave Policy and I will immediately inform the University should I cease to be eligible | Yes  No |
| The information I have provided is correct | Yes  No |
| **Signature:** |  |
| **Name** |  |
| **Date** |  |

### . Employee’s partner to Complete

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **National Insurance Number (if you do not have a National Insurance Number please state)** |  |

### Signed Declaration from Employee’s Partner regarding Shared Parental Leave

|  |  |
| --- | --- |
| I am the mother/adopter of the child or the father of the child or spouse, civil partner or partner of the mother/adopter | Yes  No |
| I have worked for at least 26 weeks in the 66 weeks leading up to the child’s due date and earned above the minimum earnings threshold[[1]](#footnote-1) in any 13 of the 66 weeks. | Yes  No |
| I have main caring responsibility for the child at the date of birth or placement for adoption, along with the employee | Yes  No |
| I consent to the amount of shared parental leave that the employee intends to take | Yes  No |
| I consent to St Mary’s University processing the information contained on this declaration form | Yes  No |

|  |
| --- |
| **Please complete in cases where the partner is the mother/adopter**  I will immediately inform my partner should I cease to satisfy the eligibility conditions for ShPL  Yes  No  N/A |
| **Signature** |
| **Name** |
| **Date** |

### Signed Declaration from Employee’s Partner regarding Shared Parental Pay

|  |
| --- |
| ***Please complete this section if your partner is also applying to take Shared Parental Pay*** |
| I agree to the employee claiming Shared Parental Pay and for St Mary’s University to process any Shared Parental Pay payments to the employee  Yes  No |
| **Please complete in cases where the partner is the mother/adopter** |
| I have curtailed (or given notice to curtail) my maternity/adoption pay or maternity allowance  Yes  No |
| I will immediately inform my partner should I cease to satisfy the eligibility conditions for Shared Parental Pay.  Yes  No |
| **Signature** |
| **Name** |
| **Date** |

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**SECTION B – ShPL Booking Form**

**For the employee to complete**

**This form may be completed at the same time as section A or submitted at a later date.**

|  |
| --- |
| **Personal Details** |
| Name:  Date of application: |
| **Please outline all dates when you would like to take Shared Parental Leave:** |
|  |
| **If your request is for a period of discontinuous leave** |
| Describe how you think your proposed leave request will impact upon your manager and colleagues: |
|  |
| Describe how you think the effects of this change on your manager and colleagues might be dealt with: |
|  |

1. I am eligible to take Shared Parental Leave and I have submitted a Shared Parental Leave Entitlement Form to demonstrate that eligibility
2. I understand that I have the right to submit three separate notifications specifying leave periods I am intending to take and I have not exceeded this right
3. I understand that Shared Parental Leave can only be taken in complete weeks.

Signature………………………………….… Date.............................................

1. Further information on the minimum earnings threshold is available from the HR department [↑](#footnote-ref-1)