**Human Resources**

Shared Parental Leave

Notification of Entitlement

This form should be used to notify your HR Manager and Head of School/Service (or nominee) of your entitlement to and intention to take SPL and, for primary carers, to give a curtailment notice to end maternity/adoption leave. It should be submitted at least 8 weeks before the date maternity/adoption leave ends.

Please note that your application cannot be progressed until all the information below is given and the requested documents have been received.

If you require this form in an alternative format (for example braille, large print or e-text), please contact Human Resources at [hr@leeds.ac.uk](mailto:hr@leeds.ac.uk).

**Section 1: To be completed by employee**

|  |  |
| --- | --- |
| Name: |  |
| School/Service: |  |
| My start date at the University was: |  |
| I am the child’s: | Birth mother / father / primary adopter / secondary adopter / surrogate mother/ surrogate’s partner / primary carer’s partner[[1]](#footnote-1) |

|  |  |
| --- | --- |
| My partner’s name is: |  |
| And my partner is the child’s: | Birth mother / father / primary adopter / secondary adopter / surrogate mother/ surrogates partner / primary carers partner1 |
| My partner’s National Insurance Number is: |  |
| My partner’s address is: |  |
| My partner’s employer is: | |
| Company name: |  |
| Address: |  |
| Line manager’s name: |  |
| Line manager’s phone number: |  |
| Line manager’s email address: |  |

|  |  |  |
| --- | --- | --- |
| Start date of maternity/adoption leave: |  | |
| End date of maternity/adoption leave[[2]](#footnote-2): |  | |
| Number of weeks maternity/adoption leave to be taken: |  | |
| Number of weeks SPL available[[3]](#footnote-3): |  | |
| Number of weeks SPL I will take: |  | |
| Number of weeks SPL my partner will take: |  | |
| Leave I intend to take (dates)[[4]](#footnote-4): |  | |
| Leave my partner intends to take (dates)4: |  | |
| I wish to take SPL based on option[[5]](#footnote-5): | Option: |  |
| My child is expected to be born/adopted or was born/adopted on: | Date: |  |

I attach the following documentary evidence[[6]](#footnote-6):

|  |  |
| --- | --- |
| **Births:** | √ |
| A copy of the child’s birth certificate, or |  |
| Where a birth certificate hasn’t been issued, I will provide one within 14 days of the birth: |  |

|  |  |
| --- | --- |
| **Adoptions (UK):** | √ |
| Through the ‘Fostering for Adoption’ Scheme: |  |
| Other adoption agency: |  |

|  |  |  |
| --- | --- | --- |
| The name & address of the adoption agency: |  | |
| The date on which I was notified of having been matched with the child: | |  |
| The date on which the child is expected to be place with me: | |  |

|  |  |
| --- | --- |
| **Adoptions (Overseas)** | √ |
| A copy of the ‘Official Notification’ issued by the relevant UK Authority as evidence of eligibility to adopt a child: |  |
| Completed Form SC6 available from [www.hmrc.gov.uk/fors/sc6.pdf](http://www.hmrc.gov.uk/fors/sc6.pdf), giving the date the child is expected to enter the UK: |  |
| Evidence that the child has entered the UK, such as a plane ticket or copies of entry clearance documents, within 28 days of the child’s entry in to the UK: |  |

|  |  |
| --- | --- |
| **Surrogacy:** | √ |
| A copy of the birth mother’s MATB1: |  |
| A copy of the child’s birth certificate, or |  |
| Where one hasn’t been issued, I will provide one within 14 days of the birth: |  |
| A Parental Order, or |  |
| Where a Parental Order hasn’t been obtained, I will provide one within 6 months of the birth (I understand that if I fail to do so, the University reserves the right to reclaim my SPL payments and to be compensated for leave taken): |  |

|  |  |
| --- | --- |
| **My contact details during leave are:** | |
| Address (for pay advices etc): |  |
| E-mail address: |  |
| Telephone number: |  |

If you move from this address, please update your new address using employee self-service: <https://selfservice.mais.leeds.ac.uk:444/irj/portal> and please also inform the payroll office by email: [payro@adm.leeds.ac.uk](mailto:payro@adm.leeds.ac.uk).

**Section 2: Declarations**

**To be completed by the primary carer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I confirm that:** | | | | √ |
| I wish to end my maternity/adoption leave on the date stated | | | |  |
| I consent to my partner taking the number of weeks SPL set out above | | | |  |
| My partner and I meet, or will meet, the eligibility conditions set out in the University’s Shared Parental Leave policy and we are entitled to SPL | | | |  |
| If I am receiving Maternity Allowance through Jobcentre Plus, I have notified Jobcentre Plus that my maternity allowance period will end | | | |  |
| Should I cease to be eligible for SPL, I will notify the University of Leeds immediately | | | |  |
| If I am not an employee of the University, I consent to the University of Leeds processing the information contained in this application form and understand that the University of Leeds may contact my employer and/or HMRC to verify and share information | | | |  |
| The information I have given is correct. If employed by the University of Leeds, I understand that the University can, where there is suspicion that fraudulent information may have been provided by me or my partner or where the University has been informed by HMRC that a fraudulent claim was made, investigate the matter further. Where it is proven that fraud has taken place, disciplinary action will be taken in accordance with the University’s Support Staff Procedure or University Statute | | | |  |
| **Signed:** |  | **Date:** |  | |

**To be completed by the primary carer’s partner**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I confirm that:** | | | | √ |
| My partner and I meet, or will meet the eligibility conditions set in the University’s Shared Parental Leave policy and we are entitled to SPL | | | |  |
| I consent to the number of weeks SPL my partner and I intend to take | | | |  |
| Should I cease to be eligible for SPL, I will notify the University of Leeds immediately | | | |  |
| If I am not an employee of the University, I consent to the University of Leeds processing the information contained in this application form and understand that the University of Leeds may contact my employer and/or HMRC to verify and share information | | | |  |
| The information I have given is correct. If employed by the University of Leeds, I understand that the University can, where there is suspicion that fraudulent information may have been provided by me or my partner, or where the University has been informed by HMRC that a fraudulent claim was made, investigate the matter further. Where it is proven that fraud has taken place, disciplinary action will be taken in accordance with the University’s Support Staff Procedure or University Statute | | | |  |
| **Signed:** |  | **Date:** |  | |

**Please give the completed form to your Faculty/Service HR Manager. A copy should also be given to your Head of School/Service (or nominee).**

1. Delete as applicable [↑](#footnote-ref-1)
2. If you are the primary carer, this is your curtailment notice [↑](#footnote-ref-2)
3. 52 weeks minus the number of weeks taken as maternity/adoption leave [↑](#footnote-ref-3)
4. These dates are not binding. To actually book leave, you will have to complete the booking notice form at <http://hr.leeds.ac.uk/download/downloads/id/402/shared_parental_leave_booking_notice> [↑](#footnote-ref-4)
5. e.g. A,B,C or D – please refer to the SPL policy at <http://hr.leeds.ac.uk/download/downloads/id/400/shared_parental_leave_policy> [↑](#footnote-ref-5)
6. Tick as applicable [↑](#footnote-ref-6)