

# WELTON-BY-LINCOLN PARISH COUNCIL

## Shared Parental Leave (SPL) Entitlement Policy and Procedure

### 1 Purpose

1.1 Welton-by-Lincoln Parish Council recognises that parents have joint responsibility for the care and upbringing of their children and aims to support employees where possible and appropriate in balancing the needs of home and work life.

1.2 Welton-by-Lincoln Parish Council complies with the Shared Parental Leave Regulations 2014, which provides a statutory right for an employee to take shared parental leave (ShPL) in connection with the birth of a child, or placement of an adopted child born on or after 5<sup>th</sup> April 2015.

1.3 Welton-by-Lincoln Parish Council provides maternity, paternity, adoption and other family related leave arrangements to support employees.

1.4 This policy and procedure aims to outline

- the procedures to be followed for taking shared parental leave;
- the expectations, benefits and entitlements to ensure that employees have a clear understanding of and comply with the relevant procedures.

### 2 Scope

2.1 This policy applies to all employees provided they meet the service requirements for eligibility.

### 3 Related legislation, policies and guidance

3.1 This policy should be read in conjunction with the following related legislation, policies and guidance:

- Maternity and parental leave etc regulations 1999 (amended 2014)

Welton-By-Lincoln Parish Council internal documents:

- Maternity leave policy
- Adoption leave policy
- Paternity leave policy

### 4 Responsibilities and review

4.1 The Employment & Personnel Committee is responsible for the review of this policy.

4.2 The policy will be reviewed annually or earlier in response to changes in relevant legislation.

### 5 Shared parental leave principles

5.1 Shared parental leave (ShPL) is available to all members of staff and allows a mother / primary adopter and her partner to share the responsibility of working and caring for a child

provided that the mother/primary adopter returns to work prior to using all of her entitlement to maternity / adoption leave and / or statutory pay.

5.2 Shared parental leave is regarded as a period of unpaid leave.

## **6 Eligibility**

6.1 To qualify for shared parental leave you must:

- be the child's mother or primary adopter;
- be the biological father of the child; or
- be the mother's husband, or partner (including same sex relationships) or civil partner, or be the husband or partner (including same sex relationships) of the primary adopter;
- have 26 weeks continuous service with Welton-By-Lincoln Parish Council.

## **7 Entitlement**

7.1 Eligible parents will be able to share a maximum of 50 weeks leave and 39 weeks statutory pay, for the purpose of caring for a child within the first year of the child's life or in the year after the child is placed for adoption.

7.2 Shared parental leave cannot be taken until after the birth/placing of the child and only applies to babies born or children placed on or after 5<sup>th</sup> April 2015.

7.3 Partners do not have to work for Welton-by-Lincoln Parish Council, but they must satisfy minimum employment and earnings criteria.

## **8 Taking Periods of Leave**

8.1 Shared Parental Leave (ShPL) must be taken in complete weeks, it can be taken:

- as one continuous block;
- in multiples of complete weeks.

8.2 The minimum ShPL that can be taken is one week.

8.3 Provided that both parents qualify for ShPL you can choose to take leave at the same time as your partner or you can take your leave separately.

8.4 You may take one or more periods of shared parental leave per pregnancy or adoption.

## **9 Conditions of Employment**

9.1 During a period of shared parental leave individuals will be entitled to the same terms and conditions that would have applied had they not taken the leave, with the exception of remuneration.

9.2 All shared parental leave will be:

- pensionable;
- reckonable for incremental pay; and
- included in any probationary period.

## **10 Right to Return**

10.1 You have the right to return to the same job if you have been on shared parental leave plus any other type of leave for 26 weeks or less.

10.2 If you have been on leave for more than 26 weeks you have the right to return to the same job unless this is not reasonably practicable. If due to organisational change your role no longer exists you would be managed in accordance with the organisational change policy.

## **11 Keeping in Touch**

11.1 Both parents who are eligible for shared parental leave may take up to a maximum of 20 keeping in touch (KIT) days between them. This is in addition to the 10 KIT days available during a period of maternity leave.

11.2 KIT days must be approved by the Parish Clerk.

11.3 Taking KIT days, which are days when you attend work, will not end your entitlement to shared parental leave or statutory pay. On a KIT day you will be paid for the number of hours that you work.

## **12 Leave & Curtailment Notice**

12.1 Anyone eligible and intending to take shared parental leave must submit a maternity / adoption leave curtailment notice, giving at least 8 weeks' notice stating that they wish to end their maternity or adoption leave early.

12.2 Once you have ended your maternity/adoption leave and have returned to work you will only be entitled to statutory pay during periods of shared parental leave and at that point you cannot revert back onto maternity leave.

12.3 Employees are encouraged to and should give careful consideration to the financial implications of ending your maternity / adoption leave early while still in receipt of occupational maternity / adoption pay.

## **13 Notice of Entitlement**

13.1 Before taking leave, a notice of entitlement and intention to take shared parental leave, must be submitted. This may be submitted at the same time as the maternity / adoption curtailment notice or at a later date but it cannot be later than 8 weeks before the date of the first period of shared parental leave.

13.2 Requests for a single block of leave or more must be agreed by the Parish Council.

13.3 If a request is for more than a single block the Parish Council may:

- agree the request;
- decline the request due to organisational need;
- propose alternative dates.

13.4 Up to three separate requests for periods of shared parental leave and three withdrawal notices may be submitted. Any periods of leave that have been declined to not count towards these totals.

#### **14 Declaration**

14.1 The Shared Parental Leave Forms found in appendix 1 must be completed and submitted to the employee's line manager. These forms act as a declaration that the individual:

- meets all the criteria to be eligible for shared paternity leave and pay;
- has met the notification requirements as detailed above.

14.2 False declarations may subject the employee to the Parish Council's disciplinary procedure.

This is a non-contractual procedure which will be reviewed annually or earlier in response to changes in relevant legislation.

**Policy adopted: January 2025**

**Next Review: January 2026**

## Appendix 1: Shared Parental Leave Forms

Notices to book Shared Parental Leave

Template for a letter or email the employee needs to send to their employer to book a block of Shared Parental Leave (SPL) and/or Shared Parental Pay (ShPP).

There are 2 templates – use the one that applies to you.

### 1. Notice to book a block of continuous SPL

Complete this if you want to book a block of SPL. Your employer must accept this, although they can discuss it with you.

### 2. Notice to book a block of discontinuous SPL

Complete this if you want to book in a single notice weeks of SPL arranged around some weeks where you work and some where you take SPL. Your employer can refuse this or discuss it with you. Find out more on [www.acas.org.uk/sp](http://www.acas.org.uk/sp)

### Using these templates

- Enter your own details where there are [square brackets]. You will need to add in dates, personal details or delete parts that do not apply to you.
- If you do not want to claim ShPP for this notice, or if you do not qualify for ShPP, delete those parts.
- You can only give notices to book SPL when you've confirmed your entitlement to SPL and/or ShPP with both your own employer and the employer of the person you're sharing this entitlement with.
- You can usually make up to 3 notices to book or change SPL dates.
- You must give your employer 8 weeks' notice of any SPL or ShPP you want to take.
- Parents and employers should keep a copy of any completed notices.
- Some employers may provide their own standard notices for employees to use.
- Find out more about SPL and ShPP at [www.acas.org.uk/sp](http://www.acas.org.uk/sp)

1. Notice to book continuous Shared Parental Leave

[date dd/mm/yy]

Dear [name of manager or employer],

My current remaining entitlement to Shared Parental Leave (SPL) is [...] weeks.

This notice is to book a period of [...] weeks of SPL.

I will be taking a continuous period of leave from [date dd/mm/yy] to [date dd/mm/yy].

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is [...] weeks.

During my period of SPL I would like to receive [...] weeks ShPP.

I would like this paid from [date dd/mm/yy] to [date dd/mm/yy].

I understand this counts as 1 of my 3 notices to book leave and I have [...] notices remaining.

Yours sincerely,

.....

## 2. Notice to book discontinuous Shared Parental Leave

[date dd/mm/yy]

Dear [name of manager or employer],

My current remaining entitlement to Shared Parental Leave (SPL) is [...] weeks.

I would like to take a discontinuous leave in the following blocks [add as many dates as you are requesting]:

- from [date dd/mm/yy] to [date dd/mm/yy]

I understand that you do not have to agree to this and that if we do not reach an agreement within 14 days of the date I gave this notice, I must either withdraw the notice 15 days after the notice date or take the total amount of SPL requested in this booking as one continuous leave.

I understand my leave will begin on the start date of the first block of leave I requested unless I notify you within 19 days of the notice date of a different start date. [A new start date must be at least 8 weeks after the notice date.]

My current remaining entitlement to Statutory Shared Parental Pay (ShPP) is [...] weeks.

During my SPL I would like to receive [...] weeks of ShPP.

If the proposed period of SPL is agreed I would like to be paid ShPP [add as many dates as you are requesting]:

- from [date dd/mm/yy] to [date dd/mm/yy]

I understand this counts as 1 of my 3 notices to book leave and I have [...] notices remaining.

Yours sincerely,

.....

Template notice to cancel or vary a Shared Parental Leave booking

For a parent who's eligible for Shared Parental Leave (SPL), and wants to cancel or change the dates of their SPL with their employer.

You must give your employer 8 weeks' notice to vary or cancel SPL.

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[date dd/mm/yy]

Dear [name of manager or employer],

[Note: use either A or B]

A. I am writing to cancel Shared Parental Leave (SPL) I'd booked for the following dates: from [insert date/s].

I understand I have [insert remaining notices] of my 3 notices left to use.

To my understanding, I have [insert weeks] of my total SPL entitlement remaining.

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B. I am writing to change the dates of Shared Parental Leave (SPL) I have booked. The original dates were from [insert date/s] for [insert weeks leave]... weeks after the birth or adoption placement of my child.

The new date/s I wish to book are [insert date/s].

I would like my Shared Parental Pay (ShPP) to be paid on the same dates as above/ [insert date/s if different to above] [delete as appropriate].

I understand this counts as 1 of my 3 notices and that I have [insert remaining notices] notices left to use.

To my understanding, I have [insert weeks] of my total SPL entitlement remaining.

Yours sincerely,

.....

**Appendix 3: Form for shared parental leave during maternity leave**

**Shared Parental Leave forms (Maternity)**

Template forms for the mother or birth parent and their partner to confirm Shared Parental Leave (SPL) and Shared Parental Pay (ShPP) entitlement with their employers.

<b>Forms below that need to be completed if...</b>			
	<b>both parents want to take SPL</b>	<b>just the mother or birth parent wants to take SPL</b>	<b>just the partner wants to take SPL</b>
<b>Form 1</b>	Yes	Yes	Yes
<b>Form 2</b>	Yes	Yes	No
<b>Form 3</b>	No	No	Yes
<b>Form 4</b>	Yes	No	Yes

- See advice on SPL and ShPP at [www.acas.org.uk/spl](http://www.acas.org.uk/spl)
- Parents can use the calculator at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)
- Parents and employers should keep a copy of any completed forms.
- Employers might have their own SPL forms for employees to use.
- If the mother or birth parent is getting Maternity Allowance (MA), they need to notify Jobcentre Plus to curtail this entitlement.

**Abbreviations used in these forms:**

SPL Shared Parental Leave  
 ShPP Statutory Shared Parental Pay  
 SMP Statutory Maternity Pay  
 MA Maternity Allowance

**Form 1: Curtailment of maternity leave and pay (for mother or birth parent's employer – must be completed by mother or birth parent)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP.	
I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B.	
I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Expected date of child's birth	
Actual date of child's birth (if born)	
<b>SECTION B:</b>	
<b>Curtailing maternity leave (must be completed)</b>	
Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends	
<b>SECTION C:</b>	
<b>Curtailing statutory maternity pay (SMP) (only if claiming ShPP)</b>	
Start date of SMP	
End date of SMP	
Total number of weeks of SMP paid by date SMP ends	
<b>SECTION D:</b>	
<b>Signature (must be completed)</b>	
Signature of mother or birth parent	
Date signed	

**Form 2: Notification that mother or birth parent is intending to take SPL (for their employer)**

**SECTION A:****General (must be completed)**

Please accept this as notification that I (the mother or birth parent) am entitled to and intend to take SPL (and ShPP if section C is completed).

Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before taking SPL)	

**SECTION B:****Maternity entitlement details (all answers that apply must be completed)**

Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends	
Start date of SMP or MA	
End date of SMP or MA	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

**SECTION C:****Amount of SPL available (must be completed)**

Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother or birth parent) intend to take	
Total number of weeks of SPL my partner intends to take	

**SECTION D:****Mother or birth parent's leave plans (must be completed but is not binding)**

I (the mother or birth parent) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION E:**

**Amount of ShPP available (only if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the mother or birth parent) intend to take	
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Total number of weeks of ShPP my partner intends to take	
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I (the mother or birth parent) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION F:**

**Mother or birth parent's declaration (must be completed)**

**The following points apply in all circumstances where a mother or birth parent is entitled to maternity leave:**

- I am giving notice that I am entitled to and intend to take SPL
- I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below)
- I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL
- I will inform my employer immediately if I am no longer caring for my child
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

**The following points only apply if Section E has been completed:**

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I intend to care for my child in the weeks I receive ShPP

- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA
- The information provided in this declaration is accurate

Signature of mother or birth parent	
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Date signed	
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**SECTION G:  
Partner's declaration (must be completed)**

- I am the father of the child, or at the date of the birth I was (or will be) the mother or birth parent's spouse, the mother or birth parent's civil partner and/or the mother or birth parent's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother or birth parent)
- I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother or birth parent intends to take, as set out in Section D above.
- I consent to the mother or birth parent's employer processing the information I have provided
- I consent to the amount of ShPP which the mother or birth parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
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Date signed	
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<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the mother or birth parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
<b>SECTION B: Confirmation</b>	
<ul style="list-style-type: none"> <li>• I am either not entitled to SPL (or ShPP, where relevant), or I do not intend to take SPL (or claim ShPP, where relevant)</li> <li>• I declare that my partner has given notice to their employer to take SPL and/or ShPP</li> <li>• I consent to my partner's claim for SPL and/or ShPP</li> </ul>	
<b>SECTION C: Signature (must be completed)</b>	
Signature of mother or birth parent	
Date signed	

#### **Appendix 4: Shared parental leave for parents with adoption leave**

##### **Shared Parental Leave forms (Adoption)**

Template forms for the primary adopter who's taken adoption leave and/or pay and their partner to confirm entitlement to Shared Parental Leave (SPL) or Shared Parental Pay (ShPP) with their employers.

<b>Forms below that need to be completed if...</b>
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	<b>both parents want to take SPL</b>	<b>just the primary adopter wants to take SPL</b>	<b>just the partner wants to take SPL</b>
<b>Form 1</b>	Yes	Yes	Yes
<b>Form 2</b>	Yes	Yes	No
<b>Form 3</b>	No	No	Yes
<b>Form 4</b>	Yes	No	Yes

- Find advice on SPL and ShPP at [www.acas.org.uk/spl](http://www.acas.org.uk/spl)
- Parents can use the calculator at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)
- Parents and employers should keep copies of any completed forms
- Employers might have their own forms for employees to use.

**Key abbreviations used in these forms:**

SPL Shared Parental Leave  
ShPP Statutory Shared Parental Pay  
SAP Statutory Adoption Pay

**Form 1: Curtailment of adoption leave and pay (for primary adopter's employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as my notice to curtail my adoption leave and/ or SAP. This form is accompanied by a notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave will end on the date given in section B and my SAP will end on the date given in section C, unless my notice is revoked or there's no entitlement.	
Primary adopter's last name	
Primary adopter's first name(s)	
Expected date of child's placement	
Actual date of child's placement (if known)	
<b>SECTION B:</b>	
<b>Curtailing adoption leave (must be completed)</b>	
Statutory adoption leave start date	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave taken by the date statutory adoption leave ends	
<b>SECTION C:</b>	
<b>Curtailing adoption pay (only if claiming ShPP)</b>	
SAP start date	
SAP end date	
Total number of weeks SAP paid by the date SAP ends	
<b>SECTION D:</b>	
<b>Signature (must be completed)</b>	
Signature of adopter	
Date signed	

**Form 2: Notification that primary adopter is intending to take SPL (for their employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as notification that I (the primary adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	

Primary adopter's last name	
Primary adopter's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Date adopter was informed of being matched for adoption	
Expected date of child's placement	
Actual date of child's placement (if child not yet placed provide this as soon as possible after placement and before SPL)	
<b>SECTION B:</b>	
<b>Adoption entitlement details (all answers that apply must be completed)</b>	
Start date of statutory adoption leave	
End date of statutory adoption leave	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	
End date of SAP	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	
<b>SECTION C:</b>	
<b>Amount of SPL available (must be completed)</b>	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the primary adopter) intend to take	
Total number of weeks of SPL partner intends to take	
<b>SECTION D:</b>	
<b>Primary adopter's leave plans (must be completed but is not binding)</b>	
I (the adopter) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	

**SECTION E:****Amount of ShPP available (only if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the primary adopter) intend to take	
Total number of weeks of ShPP partner intends to take	

I (the primary adopter) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION F:****Adopter's declaration (must be completed if primary adopter is entitled to adoption leave)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL
- I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date the adoption agency expects to place the child with me
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

**The following points only apply if section E is completed:**

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child
- I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP

<ul style="list-style-type: none"> <li>The information provided in this declaration is accurate</li> </ul>	
Signature of primary adopter	
Date signed	
<b>SECTION G:</b> <b>Partner's declaration (must be completed)</b>	
<ul style="list-style-type: none"> <li>I am the primary adopter's spouse, civil partner or partner living with them and the child in an enduring relationship</li> <li>I had (or will have) shared responsibility for the child at the time of the placement (along with the primary adopter)</li> <li>I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which we were notified of being matched for adoption with the child</li> <li>I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child</li> <li>I consent to the amount of SPL the primary adopter intends to take, in section D above</li> <li>I consent to the primary adopter's employer processing the information I have provided</li> <li>I consent to the amount of ShPP the primary adopter intends to take, in section E above</li> <li>The information provided in this declaration is accurate</li> </ul>	
Signature of partner	
Date signed	

**Form 3: Notice confirming partner is taking SPL but primary adopter is not (for primary adopter's employer)**

<b>SECTION A:</b> <b>General (must be completed)</b>	
Please accept this as notification that I (the primary adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Primary adopter's last name	

Primary adopter's first name(s)	
<b>SECTION B: Confirmation</b>	
<ul style="list-style-type: none"> <li>• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP, where relevant)</li> <li>• I declare that my partner has given notice to their employer to take SPL and/or ShPP</li> <li>• I consent to my partner's intended claim for SPL and/or ShPP</li> </ul>	
<b>Signature (must be completed)</b>	
Signature of primary adopter	
Date signed	

**Form 4: Notification that partner is intending to take SPL (for partner's employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as notification that I (the primary adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's last name	
Partner's first name(s)	
Primary adopter's last name	
Primary adopter's first name(s)	
Primary adopter's address	
Primary adopter's National Insurance number (put 'none' if no number is held)	
Date informed of being matched for adoption	
Expected date of child's placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
<b>SECTION B:</b>	
<b>Adoption entitlement details (all answers that apply must be completed)</b>	
Start date of statutory adoption leave (if applicable)	
End date of statutory adoption leave (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Start date of SAP (if applicable)	
End date of SAP (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

**SECTION C:****Amount of SPL available (must be completed)**

The total number of weeks of SPL created depends on the adopter's leave and pay entitlements:

- If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken
- If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner) intend to take	
---	--

**SECTION D:****Partner's leave plans (must be completed but is not binding)**

I (the partner) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION E:****Amount of ShPP available (only complete if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the partner) intend to take	
--	--

Total number of weeks of ShPP primary adopter intends to take	
---	--

I (the partner) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION F:****Partner's declaration (must be completed)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for our child at the time of the child's placement (along with the primary adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

**The following points only apply if Section E has been completed:**

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner

Date signed

**SECTION G:****Adopter's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) shared responsibility for the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in section D above

- I consent to my partner’s employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

**The following points only apply if section E has been completed:**

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner’s intended ShPP as set out in section E above
- I consent to the person who will pay ShPP to my partner processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of primary adopter	
Date signed	

**Appendix 5: Shared parental leave forms for parents intending to apply for and be given a parental order for surrogacy.**

**SPL forms (for parental order parents entitled to adoption leave and/or pay)**

Forms for a parental order parent (POP) who is entitled to adoption leave and/or pay and their partner to confirm their SPL and Shared Parental Pay (ShPP) entitlement with their employers. The parent entitled to adoption leave and/or pay is referred to as the 'parental order parent' in these forms.

<b>Forms below that need to be completed if...</b>			
	<b>both parents want to take SPL</b>	<b>just the POP wants to take SPL</b>	<b>just the partner wants to take SPL</b>
<b>Form 1</b>	Yes	Yes	Yes
<b>Form 2</b>	Yes	Yes	No
<b>Form 3</b>	No	No	Yes
<b>Form 4</b>	Yes	No	Yes

- For more advice on SPL and ShPP go to [www.acas.org.uk/spl](http://www.acas.org.uk/spl)
- Parents can use the calculator at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)
- Parents and employers should keep a copy of any completed forms
- Employers might have their own forms for employees to use

**Key abbreviations used in these forms:**

SPL Shared Parental Leave  
ShPP Statutory Shared Parental Pay  
SAP Statutory Adoption Pay  
POP parental order parent

**Form 1: Curtailment of Adoption Leave and Pay (for parental order parent's employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave (if eligible) will end on the date given in section B and my SAP (if eligible) will end on the date given in section C, unless I revoke my notice or there's no entitlement.	
Parental order parent's last name	
Parental order parent's first name(s)	
Expected date of child's birth	
Actual date of child's birth (if born)	
<b>SECTION B:</b>	
<b>Curtailing adoption leave (must be completed)</b>	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
<b>SECTION C:</b>	
<b>Curtailing adoption pay (SAP) (only if claiming ShPP)</b>	
Start date of SAP	
End date of SAP	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
<b>SECTION D:</b>	
<b>Signature (must be completed)</b>	
Signature of parental order parent	
Date signed	

**Form 2: Notification that parental order parent is intending to take SPL (for parental order parent's employer)**

<b>SECTION A:</b>
<b>General (must be completed)</b>

Please accept this as notification that I (the parental order parent entitled to adoption leave and/or pay) am entitled to and intend to take SPL (and ShPP if section D is completed).

Parental order parent's last name	
Parental order parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
The date the parental order was granted (if applicable and if it has been granted)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before SPL)	
<b>SECTION B:</b>	
<b>Adoption entitlement details (all answers that apply must be completed)</b>	
Start date of statutory adoption leave	
End date of statutory adoption leave	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	
End date of SAP	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks that SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	
<b>SECTION C:</b>	
<b>Amount of SPL available (must be completed)</b>	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the parental order parent) intend to take	
Total number of weeks of SPL my partner intends to take	
<b>SECTION D:</b>	
<b>Parental order parent's leave plans (must be completed but is not binding)</b>	
I (the parental order parent entitled to adoption leave) currently expect to take SPL as follows:	

[Note: It can help to answer this as 'from...to...']

**SECTION E:**

**Amount of ShPP available (only complete if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the parental order parent) intend to take	
--	--

Total number of weeks of ShPP my partner intends to take	
--	--

I (the parental order parent entitled to SAP) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION F:**

**Parental order parent's declaration (must be completed)**

**The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for the child at the time of the child's birth (along with my partner who has made the declaration below)
- I am entitled to adoption leave in respect of my child, my adoption leave period will be reduced and the remainder will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- I enclose a statutory declaration that I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

**The following points only apply if section E has been completed:**

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SAP in respect of the child, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP

- I will immediately inform the person paying ShPP if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

Signature of parental order parent	
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Date signed	
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**SECTION G:**

**Partner's declaration (must be completed)**

- I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship
- I had (or will have) shared responsibility for the child at the time of the birth (along with the parental order parent)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of birth
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the expected week of childbirth
- I consent to the amount of SPL which the parental order parent intends to take, as set out in Section D above
- I consent to the parental order parent's employer processing the information I have provided
- I consent to the amount of ShPP which the parental order parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
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Date partner signed	
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**Form 3: Notice confirming that partner is taking SPL but the parental order parent is not (for parental order parent’s employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as notification that I (the parental order parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be	
Parental order parent’s last name	
Parental order parent’s first name(s)	
<b>SECTION B:</b>	
<b>Confirmation</b>	
<ul style="list-style-type: none"> <li>• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)</li> <li>• I declare that my partner has given a notice to their employer to take SPL and/or ShPP</li> <li>• I consent to my partner’s intended claim for SPL and/or ShPP</li> </ul>	
<b>Signature (must be completed)</b>	
Signature of parental order parent	
Date signed	

**Form 4: Notification that partner is intending to take SPL (for partner’s employer)**

<b>SECTION A:</b>	
<b>General (must be completed)</b>	
Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section E is completed).	
Partner’s last name	
Partner’s first name(s)	
Parental order parent’s last name	

Parental order parent's first name(s)	
Parental order parent's address	
Parental order parent's National Insurance number (put 'none' if no number is held)	
The date the parental order was granted (if it has been granted)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before I take any SPL)	
<b>SECTION B:</b>	
<b>Adoption entitlement details (all answers that apply must be completed)</b>	
Start date of statutory adoption leave (if applicable)	
End date of statutory adoption leave (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Start date of SAP (if applicable)	
End date of SAP (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

**SECTION C:****Amount of SPL available (must be completed)**

The total number of weeks of SPL created depends on the parental order parent's leave and pay entitlements:

- If the parental order parent was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the parental order parent was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the parental order parent was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks SAP

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner) intend to take	
---	--

Total number of weeks of SPL the parental order parent intends to take (if applicable)	
--	--

**Section D:****Indication of Partner's leave intentions (must be completed but is not binding)**

I (the partner) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION E:****Shared parental pay (only complete if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the partner) intend to take:	
---	--

Total number of weeks of ShPP parental order parent intends to take:	
--	--

I (the partner) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

**SECTION F:****Partner's Declaration (must be completed)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the 15th week before the expected week of childbirth
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the parental order parent who has made the declaration below)
- If available, I will give my employer evidence in the form of a parental order if my employer asks for this within 14 days of the date of this notice
- I enclose a statutory declaration that my partner and I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child) I (or my partner) have given a period of SPL notice
- I will give my employer the name and address of the parental order parent's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate and meets the notification requirements for SPL

**The following points only apply if Section E has been completed:**

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner

Date signed

**SECTION F:****Parental order parent's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) shared responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of childbirth
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the expected week of birth
- I consent to my partner's intended SPL as set out in section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate

**The following points only apply if section E has been completed:**

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in section E above
- I consent to the person who will pay ShPP to my partner processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

Signature of parental order parent	
Date signed	