**SHARED PARENTAL LEAVE APPLICATION**

Please complete this form and send it to HR at least 8 weeks before you intend to take leave.

|  |  |
| --- | --- |
| 1. Name
 |       |
| 1. Faculty / Directorate
 |       |
| 1. Job title
 |       |
| 1. Date joined University
 |       |
| 1. I am the child’s
 |  |
| 1. My partner’s name is
 |       |
| 1. And my partner is the child’s
 |  |
| 1. My partner’s National Insurance Number is
 |       |
| 1. My partner’s employer is: *(or state “self-employed”)*
 |
| Name |       |
| Address |       |
| Telephone number of line manager |       |
| Email address of line manager |       |
| Payroll telephone number |       |
| 1. If you are the birth mother, child’s father or mother’s partner:
 |
| Start date of maternity leave |       |
| End date of maternity leave |       |
| 1. Number of weeks maternity leave taken
 |       |
| 1. If you are the primary adopter or secondary adopter:
 |
| Start date of adoption leave |       |
| End date of adoption leave |       |
| 1. Number of weeks maternity leave taken
 |       |
| 1. Number of shared parental leave weeks available(*52 weeks minus the number of weeks’ maternity/adoption leave taken or to be taken)*
 |       |
| 1. Number of weeks shared parental leave you will take
 |       |
| Start date: |       |
| End date: |       |
| 1. Number of weeks shared parental leave your partner will take
 |       |
| Start date: |       |
| End date: |       |
| 1. Number of shared parental pay weeks available*(to be completed by payroll)*
 |       |
| 1. Number of weeks shared parental pay you wish to claim
 |       |
| Start date: |       |
| End date: |       |
| 1. Number of weeks shared parental pay your partner wishes to claim
 |       |
| Start date: |       |
| End date: |       |
| 1. Shared Parental Leave must be taken within 52 weeks of the birth of the baby.

Has the child been born? |       |
|  If yes, please confirm the date of birth:*You must provide a copy of the birth certificate as soon as possible.* |       |

You can change the allocation by giving us a further written notice, and you do not have to use your full allocation.

**I undertake to comply with the requirements of the University of Greenwich shared parental leave policy.**

I declare that my partner and I both meet the statutory conditions for entitlement to shared parental leave and shared pay parental leave and I understand that the University of Greenwich will contact my partner’s employer and/or HMRC to verify and share information.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s signature (can be electronic) |       | Date: |       |
| Manager’s signature (can be electronic) |       | Date: |       |

Forward completed form to Human Resources