**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