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| **Shared Parental Leave Application Form** |

**If you have not already done so please read the Shared Parental Leave Policy to establish your eligibility and help you plan your shared parental leave.**

You are advised to discuss your plans to take SPL with your line manager prior to completing this form. To request SPL, this form must be completed at least eight weeks before you intend to take SPL if:

* You are the **birth parent/main adopter**, to provide ‘binding notice’ that you wish to end your maternity/adoption leave early to create SPL and to give notice, and details of, the period/s of SPL you and your partner wish to take, OR
* You are the **partner**, to provide notice that your partner (birth parent) is intending to end their maternity/adoption leave early to create SPL, with their employer, and to give notice, and details of, the period/s of SPL you and your partner wish to take, OR
* Where **birth parent and partner are both employees of the university**, you should each complete a form.

Once completed this form should be emailed to your line manager attaching a copy of the MATB1 certificate (if available). The line manager should then submit both to the People Directorate by raising a service request via Horizon Helpdesk.

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| **TO BE COMPLETED BY THE EMPLOYEE** |

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| **Employee Personal Details** |
| **Name** |  |
| **Job Title** |  |
| **Faculty/ Directorate** |  |
| **Line Manager** |  |
| **Date you joined the university** | Click or tap to enter a date. |
| **Date of this request** | Click or tap to enter a date. |
| **Proposed start date of SPL***(select the first day of the first week of SPL you are requesting)* | Click or tap to enter a date.*People Directorate: Has the employee provided at least 8 weeks’ notice?*Choose an item. |

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| **Provide your baby’s due date and attach a copy of the MATB1** *(if already born provide the D.O.B and attach a copy of the birth certificate as soon as possible)* | Click or tap to enter a date. |
| **Your relationship to the child** | Choose an item. |
| **Does your partner work for UoG** *(if your partner does work for UoG you must both complete a separate form each)* | Choose an item. |
| **Your partner’s relationship to the child** | Choose an item. |
| **If your partner does not work for UoG please provide us with their employment details.**  |
| **Partner’s name** |  |
| **Partner’s phone number and email address** |  |
| **Partner’s employer’s details.***(state if self-employed or not employed)* |  |

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| **Period of leave notice**  |
| **Start date of maternity/adoption leave.***(or your partner’s if they are the birth parent)* | Click or tap to enter a date. |
| **End date of maternity/adoption leave.** *(or your partners if they are the birth parent)* | Click or tap to enter a date. |
| **Total number of weeks maternity leave taken/to be taken.** |  |
| **Total number of weeks available to take as SPL** (*\*Note: this is 52 weeks minus the first two weeks compulsory maternity/adoption leave and any week’s maternity/adoption leave taken/to be taken.* |  |
| **Total number of weeks you plan to take as SPL.** |  |
| **Total number of weeks your partner plans to take as SPL** |  |
| **Do you wish to take your SPL as ‘continuous’ or ‘discontinuous’ leave?** | Choose an item. |
| **If you selected ‘continuous leave’:**Please provide dates of your leave. | From: Click or tap to enter a date.To: Click or tap to enter a date. |
| **If you selected ‘discontinuous leave’:**Please just provide dates of your leave only, not working weeks in between*(delete/add applicable)* | From: [date dd/mm/yy] To: [date dd/mm/yy]From: [date dd/mm/yy] To: [date dd/mm/yy]From: [date dd/mm/yy] To: [date dd/mm/yy]From: [date dd/mm/yy] To: [date dd/mm/yy] |

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| **Details of your shared parental leave and pay** |
| Please provide below the dates of all the SPL you and your partner will be taking and select the type of pay you would like to receive against your name only. |

A reminder of how UoG shared parental pay is paid:

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| **SPL** | **UoG Enhanced Shared Parental Pay** |
|  | 2 weeks compulsory maternity/adoption leave (cannot be shared) |
| 50 weeks | 37 weeks | The first 18 weeks leave paid at full pay *(only paid if taken within the first 18 weeks following the birth)* |
| The following 19 weeks leave paid at the lower of Statutory Shared Parental Pay or 90% of weekly earnings. |
| 13 weeks | 13 weeks unpaid leave |

*Note that the first two weeks must be taken as compulsory maternity/adoption leave and any paternity/partner’s leave must be taken before SPL.*

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| **Name** | **SPL dates***(list the start and end dates of each week of SPL)* | **Type of pay***(Choose from the drop down menu below)* |
| **Start date** | **End date** |
|  | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. |
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| **Employee declaration**  |
| I declare that I meet the statutory conditions for entitlement to shared parental leave and shared parental pay.  |
| **Employee to sign** |  | **Date** |  |

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| **Employee’s partner’s declaration**  |
| I declare that I share responsibility for the care of the child at the point of birth/adoption with the named employee above.I declare that I meet the employment and earnings test. I consent to the employee above taking share parental leave and/or pay and to you processing the information provided by them.  |
| **Partner’s name** |  |
| **Partner to sign** |  | **Date** |  |

***Employee:***Once completed this form should be emailed to your line manager attaching a copy of the MATB1 certificate (if available). *If you wish to make any changes to your request once this form has been submitted, please refer to the Shared Parental Leave Policy regarding the notice requirements.*

***Line manager:*** *You must ensure you have discussed the employee’s plans to take SPL with them. Please refer to the Shared Parental Leave policy for further clarification. This form should be submitted to the People Directorate by raising a service request via Horizon Helpdesk.*