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| **SECTION A: General (must be completed)** |
| Please accept this as notification that I (the main carer’s partner) am entitled to and intend to take SPL26 (and ShPP if section C is completed).  |
| Partner’s Surname |  |
| Partner’s First name(s) |  |
| Main carer’s surname |  |
| Main carer’s first name(s) |  |
| Main carer’s Address |  |
| Main carer’s National Insurance number (State ‘none’ if no number is held) |  |
| Child’s expected date of birth |  |
| Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL26) |  |
| **SECTION B: Main carer entitlement details (all answers that apply must be completed)** |
| Date main carer started (or intends to start) leave (if applicable) |  |
| Date main carer’s leave ended (or will end) (if applicable) |  |
| Total number of weeks of leave taken (or that will be taken) when main carer’s leave ends |  |
| Date main carer started (or intends to start) SMP or MA (if applicable) |  |
| Date main carer’s SMP or MA ended (or will end) (if applicable) |  |
| 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 (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment) |  |

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| **SECTION C: Amount of SPL**26 **available (must be completed)** |
| The total number of weeks of SPL26 created depends on the main carer’s leave and pay entitlements:* If the main carer was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks leave taken
* If the main carer was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken
* If the main carer was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid
* If the main carer previously revoked curtailment notice any SPL26 that was taken by the partner must be deducted
 |
| Total number of weeks of SPL26 created (50 max) |  |
| Total number of weeks of SPL26 I (the partner) intend to take |  |
| Total number of weeks of SPL26 the main carer 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 SPL26 as follows:Note: It will usually be helpful to answer this in a “From… To…” format |
| **SECTION E: Amount of ShPP available (only complete if claiming ShPP)** |
| Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation) |  |
| Total number of weeks of ShPP I (the partner) intend to take: |  |
| Total number of weeks of ShPP main carer intends to take: |  |
| I (the partner) currently expect to take ShPP as follows:Note: It will usually be helpful to answer this in a “From… To…” format  |

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| **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 SPL26
* I am the father of the child, or at the time of the birth I was/will be the main carer’s spouse, the main carer’s civil partner and/or the main carer’s partner living with her/him and the child in an enduring relationship
* I have been (or will be) 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 SPL26 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 main carer who has made the declaration below)
* 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 the main carer’s employer or a declaration that (s)he does 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 or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period
* I (or my partner) have given a period of SPL26 notice
* The information provided in this declaration is accurate and meets the notification requirements for SPL26

**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 in the weeks I receive ShPP
* I will be absent from work in each week in which I will be paid ShPP and I will be on SPL26 in those weeks (if entitled to SPL26)
* 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
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| Signature of partner |  |
| Date partner signed |  |

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| **SECTION G: Main carer’s declaration (must be completed)** |
| **The following points apply in all circumstances:*** I had (or will have) the main 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 maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
* I have, 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 childbirth
* I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth
* I will immediately inform my partner if I revoke my notice to curtail my leave or, if I am not entitled to leave, my SMP or MA entitlement
* I consent to my partner’s intended SPL26 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 SPL26

**The following points only apply if Section E has been completed:*** I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA 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 will immediately inform my partner if I revoke the reduction of my SMP or MA
* I consent to the person who will pay ShPP to my partner or the child’s father processing the information I have provided
* The information provided in this declaration is correct
 |
| Signature of main carer |  |
| Date main carer signed |  |
| **Main carer declaration (if applicable)** |  |
| If main carer is also a GP provider – name of GP practice |  |
| Period of locum reimbursement claimed by main carer |  |

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