# Shared parental leave (ShPL)

## Partner’s notice of entitlement and intention to take ShPL

This form must be completed by you (the partner) to provide a Notice of Entitlement and Intention to Take Shared Parental Leave when your partner (the mother) works for another employer. This form also includes a Mother's Declaration in Section C which should be completed by your partner.

This Notice enables the University to check that you are entitled to Shared Parental Leave (ShPL) and provides an initial indication of the ShPL you wish to take, please note:

* The start date of the first period of ShPL you wish to take must be at least 8 weeks after you have provided this Notice
* ShPL must be taken in blocks of at least 1 week
* This Notice is not binding and you must give the University a Period of Leave Notice at least 8 weeks before the first period of ShPL to confirm the ShPL you wish to take
* You can begin a period of ShPL at any time from the date of the child’s birth (although, you may be entitled to take up to 2 weeks’ Paternity Leave following the birth of the child, which you will lose if ShPL is taken first)
* You and the mother must take any ShPL within 52 weeks of the birth

## Your details

|  |  |
| --- | --- |
| **Full name** |   |
| **Job title** |   |
| **Department** |   |

I wish to provide the University with an initial indication of my proposed ShPL, as well as the required declarations from me and the mother.

## Section A: information to be provided by the employee (the partner)

|  |  |
| --- | --- |
| The mother’s Maternity Leave started/is expected to start on: |   |
| The mother’s Maternity Leave ended/is expected to end on: |   |
| The mother received/is expecting to receive the following periods of Statutory Maternity Pay/Maternity Allowance: |   |
| My child’s expected week of birth is/child was born on: |   |
| The total amount of ShPL the mother and I have available is: |   |
| I intend to take the following number of weeks’ ShPL: |   |
| The mother intends to take the following number of weeks’ ShPL: |   |
| I intend to take ShPL leave on the following dates (please include the start and end dates for each period of leave that you intend to take):\* |   |
| I intend to take the following number of weeks’ Shared Parental Pay (ShPP) (if applicable): |   |
| The mother intends to take the following number of weeks’ ShPP (if applicable): |   |
| I intend to take ShPP on the following dates (if applicable): |   |

\* Where this is submitted before the child’s birth, express this as the date on which the child is expected to be born plus a number of weeks (where a week is 7 days) following that date

## Section B: declaration to be completed by the employee (the partner)

### I declare that I satisfy/will satisfy the following eligibility requirements to take ShPL:

|  |  |
| --- | --- |
| I have/will have 26 weeks’ continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of ShPL that I take, I will have remained in continuous employment with the University? | True / False |
| At the date of the child’s birth, I have/will have the main responsibility, apart from the mother, for the care of the child? | True / False |
| I will comply with the University’s ShPL notice and evidence requirements? | True / False |
| I am the father of the child, or am married to, the civil partner of, or the partner of, the mother? | True / False |
| I will inform the University at the first available opportunity if I cease to care for the child or if the child’s mother informs me that she has revoked the curtailment of her Maternity Leave or Pay period? | True / False |

## Declaration to be completed by the mother where they do not work at the University

|  |  |
| --- | --- |
| **Full name** |   |
| **My address is** |   |
| **National Insurance number** |   |
| **Employer and their address** |   |

### I satisfy/will satisfy the following eligibility requirements to enable my partner to take ShPL::

|  |  |
| --- | --- |
| I have been employed or been a self-employed earner during at least 26 or the 66 weeks immediately preceding the expected week of childbirth? | True / False |
| I have average weekly earnings of at least £30 for any 13 of those 66 weeks? | True / False |
| At the date of the child’s birth, I have/will have the main responsibility, apart from my partner, for the care of the child? | True / False |
| I am entitled to Statutory Maternity Leave, Statutory Maternity Pay or Maternity Allowance in respect of the child? | True / False |
| I have curtailed my Maternity Leave/returned to work before the end of my Statutory Maternity Leave period? | True / False |
| I consent to the amount of ShPL that my partner intends to take? | True / False |
| I consent to the University processing the information provided in this form? | True / False |

## Signatures

|  |  |
| --- | --- |
| Mother’s signature |   |
| Partner’s signature |   |
| Date |   |

## What to do next

* You should complete and submit this form to HR Services, hr-enquiries@york.ac.uk

Any periods of ShPL that you indicate in this Notice may be changed at a later date by giving the University a Variation Notice of Entitlement and Intention to Take Shared Parental Leave.