

SPL forms (resulting from Maternity)

These are the forms needed by a mother and the person she will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?					
	Both parents want to	Just the mother wants	Just the partner		
	take SPL	to take SPL	wants to take SPL		
Form 1	YES	YES	YES		
Form 2	YES	YES	NO		
Form 3	NO	NO	YES		
Form 4	YES	NO	YES		

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- Some employers may provide their own standard forms for employees to use
- If the mother is in receipt of Maternity Allowance (MA), she will need to notify Jobcentre Plus to curtail this entitlement
- The earnings requirements mentioned are correct as of March 2015

Key abbreviations used in these forms:

SPL Shared Parental Leave

ShPP Statutory Shared Parental Pay

SMP Statutory Maternity Pay

MA Maternity Allowance

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)				
Please accept this as notification that I (the mother's partner) am entitled to and				
intend to take SPL (and ShPP if section C is completed).				
Partner's Surname				
Partner's First name(s)				
Mother's surname				
Mother's first name(s)				
Mother's Address				
Mother'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 SPL)				
SECTION B: Maternity entitlement details (all answ	wers that apply must			
be completed) Date mother started (or intends to start) maternity				
leave (if applicable)				
Date mother's maternity leave ended (or will end) (if				
applicable)				
Total number of weeks of maternity leave taken (or				
that will be taken) when maternity leave ends				
Date mother started (or intends to start) SMP or MA (if applicable)				
Date mother'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)				

SECTION C: Amount of SPL available (must be completed)					
The total number of weeks of SPL created depends on the mothers leave and pay entitlements: • If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother 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 mother 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 mother previously revoked her curtailment notice any SPL that was 					
taken by the partner must be deducted					
Total number of weeks of SPL created (50 max)					
Total number of weeks of SPL I (the partner) intend to take					
Total number of weeks of SPL the mother intends to take (if applicable)					
SECTION D: Indication of Partner's leave intention but is not binding)	s (must be completed				
I (the partner) currently expect to take SPL 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)					
	ete ir ciaiming SnPP)				
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 mother intends to					

I (the partner) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a "From... To..." format

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 SPL
- I am the father of the child, or at the time of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her 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 SPL 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 child's mother 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 mother's employer or a declaration that she 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 SPL notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

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 SPL in those weeks (if entitled to SPL)
- 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				
Signature of partner				
3				
Date partner signed				
,				

SECTION G: Mother'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 maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL 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 SPL

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 mother	
Date mother signed	