

## Instructions

These are the forms you need to complete to take Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP). If your employer has their own forms they can be used instead.

There are 4 sections in this form. You must submit these forms to your employer at least 8 weeks before your Shared Parental Leave or Statutory Shared Parental Pay starts.

1. Partner's notice of entitlement and intention
2. Partner's declaration to employer
3. Mother's declaration to partner's employer
4. Period of leave notice

## Section 1 of 5: Partner's notice of entitlement and intention

## About your family

## You (the partner)

1	Surname	<input type="text"/>
3	First name(s)	<input type="text"/>
4	National insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Home address	<input type="text"/> <input type="text"/> <input type="text"/> Town or city <input type="text"/> County <input type="text"/> Postcode

## Mother

6	Surname

7	First name(s)	<input type="text"/>
8	National insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Home address	<input type="text"/> <input type="text"/> <input type="text"/> Town or city <input type="text"/> County <input type="text"/> Postcode <input type="text"/>

## Child

10	What is the child's expected date of birth / actual date of birth?
	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>

# Section 1 of 5: Partner’s notice of entitlement and intention

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Complete the sections relevant to you.

## About the mother’s Maternity Leave

11

Date maternity leave will start

12

Date maternity leave will end

13

Number of weeks of maternity leave left at the date maternity leave will end

## Shared Parental Leave

14

Weeks of shared parental leave available

15

Number of weeks of shared parental leave the mother intends to take

16

Number of weeks of shared parental leave the partner intends to take

## About the mother’s Statutory Maternity Pay

17

Date maternity pay will start

18

Date maternity pay will end

19

Number of weeks of statutory maternity pay left at the date maternity pay will end

## Statutory Shared Parental Pay

20

Weeks of shared parental pay available

21

Number of weeks of shared parental pay the mother intends to take

22

Number of weeks of shared parental pay the partner intends to take

# Section 1 of 5: Partner’s notice of entitlement and intention

## Indication of when you intend to take Shared Parental Leave

23 At the date of this notice I intend to take SPL between the following dates:

SPL start date				SPL end date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Indication of when you intend to take Statutory Shared Parental Pay

24 At the date of this notice I intend to take ShPP between the following dates:

SPL start date				SPL end date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Section 2 of 5: Partner’s declaration to employer

I am giving notice that I am entitled to and intend to take:

- Shared Parental Leave (SPL)

☐
- Statutory Shared Parental Pay (ShPP)

☐

I am the father of the child and/or at the date of the child’s birth I was (or will be) the mother’s: spouse; civil partner; or a partner living with the mother and her child in an enduring family relationship.

☐

I had or (will have) the main responsibility for the care of the child at the time of the child’s birth (along with the mother who has made the declaration in Section 3).

☐

I am eligible for and intend to take SPL.

☐

I am eligible for and intend to take ShPP.

☐

I will be caring for the child during the weeks that I am on SPL.

☐

I will provide additional evidence to my employer (on request) if my employer asks for this within 14 days of the date of this notice.

☐

I will immediately inform my employer if my circumstances change and I cease to care for the child.

☐

I will immediately inform my employer if the mother withdraws or changes her ‘Maternity Leave Curtailment Notice’ and/or her ‘Maternity Pay Curtailment Notice’.

☐

I will immediately inform my employer if I cease to be entitled to SPL and/or ShPP for some other reason.

☐

## Partner’s signature

Date

# Section 3 of 5: Mother’s declaration to partner’s employer

I had (or will have) the main responsibility for the care of the child at the time of the birth (along with the child’s father/my partner). ☐

I am the mother of the child. ☐

The father/partner is the child’s father and/or at the date of the child’s birth is my spouse, civil partner; or a partner living with me in an enduring relationship. ☐

I have read and comply with the conditions that apply to the mother where the father/partner is planning to take Shared Parental Leave (SPL) and/or Statutory Shared Parental Pay (ShPP). ☐

I consent to the father/partner taking the period or periods of SPL and/or ShPP (delete if not applicable) indicated in the Father’s/Partner’s Notice of Entitlement and Intention (see: Section 1). ☐

I will immediately inform the father/partner if I revoke (withdraw) my ‘Maternity Curtailment Notice’ and/or my ‘Maternity Pay Notice’. ☐

I consent to the father’s/partner’s employer processing the information about me provided in the Father’s/Partner’s Notice of Entitlement and Intention and in the Mother’s Declaration. ☐

I confirm that the information provided in the Mother’s Declaration is correct. ☐

## Mother’s signature

Date

# Section 5 of 5: Period of Leave Notice

- Use this form to give binding notice to take Shared Parental Leave 8 weeks before your leave starts.
- You can submit up to 3 Period of Leave Notices (in case you want to amend your plan or take additional shared parental leave)
- **Eligible parents are entitled to 3 blocks of Shared Parental Leave (one block per Period of Leave Notice), more if their employer allows.**

## Block 1

SPL start date

SPL end date

-

## Block 2

SPL start date

SPL end date

-

## Block 3

SPL start date

SPL end date

-

## Additional blocks

SPL start date

SPL end date

-

SPL start date

SPL end date

-

SPL start date

SPL end date

-

SPL start date

SPL end date

-

## Notice to employer:

Please accept this as a binding notice to take Shared Parental Leave on the dates specified above.