



## Instructions

The Mother should complete this form in the case where the **Partner is taking** shared parental leave and / or pay and the **Mother is not**.

This form must be submitted to the Mother's employer at least 8 weeks before the partner intends to take shared parental leave and / or pay.

**If the Mother has returned to work, they can skip section 1 and complete section 2.**

## Section 1 of 2: Mother's notice to curtail Maternity entitlement

Mother's name

### Maternity Leave curtailment notice

I would like my Maternity Leave to end on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Statutory Maternity Pay curtailment notice:

I would like my Statutory Maternity Pay to end on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Notice to employer:

Please accept this as my notice to curtail my Maternity Leave and/or my Statutory Maternity Pay

I understand that my Maternity Leave and/or Statutory Maternity Pay will end on the dates that I have given above.

I understand that I can only reinstate my Maternity Leave or Statutory Maternity Pay if I revoke (withdraw) this notice before these dates.

I will inform my employer immediately if I withdraw or change my 'Maternity Leave Curtailment Notice' and/or my 'Maternity Pay Curtailment Notice'

I confirm that the information provided in this notice is correct.

### Mother's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Section 2 of 2: Mother’s confirmation and consent

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I am either not entitled to Shared Parental Leave (or Statutory Shared Parental Pay where relevant), or I do not intend to take Shared Parental Leave (or claim Statutory Shared Parental Pay where relevant) ☐

I declare that my partner has given notice to their employer to take Shared Parental Leave and/or Statutory Shared Parental Pay. ☐

I consent to my partner’s intended claim for Shared Parental Leave and/or Statutory Shared Parental Pay. ☐

## Mother’s signature

Date