



Instructions

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

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

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

Section 1 of 2: Adopter's notice to curtail Adoption entitlement

Adopter's name

Adoption Leave curtailment notice:

I would like my Adoption Leave to end on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Statutory Adoption Pay curtailment notice:

I would like my Statutory Adoption Pay to end on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Notice to employer:

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

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

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

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

Adopter's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Section 2 of 2: Adopter’s confirmation and consent

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.

☐

Adopter’s signature

Date