

**Mother’s notice to curtail maternity entitlement**

**Instructions**

You should only complete this section if:

* You are the child’s mother
* You are consenting to ending your Maternity Leave early to enable you and/or your partner to take Shared Parental Leave.
* You must submit this form at least 8 weeks before you and/or your partner take Shared Parental Leave.

**Mother’s name**

**Maternity Leave curtailment notice:**

I would like my Maternity Leave to end on: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**Statutory Maternity Pay curtailment notice:**

I would like my Statutory Maternity Pay to end on: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**Notice to employer:**

Please accept this as my notice to curtail my Maternity Leave.

I understand that my Maternity Leave will end on the dates that I have given above.

I understand that I can only reinstate my Maternity Leave if I revoke (withdraw) this notice before that date.

I will inform my employer immediately if I withdraw or change my Maternity Leave Curtailment notice.

**Mother’s signature**

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_