

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

(if the mother has not already returned to work)

**Instructions:** You should only complete this section if

* You are the child’s mother
* You are consenting to ending your Maternity Leave and/or Statutory Maternity Pay 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:**

Start date of Leave:

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

Total number of weeks of Maternity Leave taken  by the date Maternity Leave ends

**Statutory Maternity Pay curtailment notice (only if claiming Statutory Shared Parental Leave Pay):**

Start date of Statutory Maternity Pay:

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

Total number of weeks of Statutory Maternity Pay paid  by date Statutory Maternity Pay end

**Notice to employer:**

Please accept this as my notice to curtail my Maternity Leave and/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 withdraw this notice before that date.

**Mother’s signature**

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