

**Surrogacy: parental order parent’s** notices and declarations for Shared Parental Leave and Pay

**Instructions**

These are the forms you need to complete to take Shared Parental Leave (SPL). If your employer has their own forms these can be used instead. There are 3 sections in this form. You submit sections 1-3 to your employer before issuing your period of leave notice(s).

1. **Parental Order Parent’s notices of entitlement and intention and declaration to employer**
2. **Parental Order Parent’s notice to curtail maternity entitlement**
3. **Partner’s declaration to Parental Order Parent’s employer**

**Period of leave notice(s)** this noticemust be provided to your employer at least 8 weeks before your Shared Parental Leave starts.

**Section 1: Parental Order Parent’s notice of entitlement and intention**

|  |  |
| --- | --- |
| **You (the parent eligible for Adoption Leave)** | **Partner** |
| Surname: | Surname: |
| First names(s): | First names(s): |
| **Child** | |
| When were you granted the parental order?  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | When did or when will the child start to live with you? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |

|  |  |
| --- | --- |
| **Adoption Leave** | |
| Date Adoption Leave will start  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | Date Adoption Leave will end  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |

|  |  |
| --- | --- |
| **Shared Parental Leave** | |
| Number of weeks of Shared Parental Leave available[[1]](#footnote-1) | Number of weeks of Shared Parental Leave the Parental Order Parent intends to take  (if any) |
|  | Number of weeks of Shared Parental Leave the partner intends to take (if any) |

**Section 1 continued: Parental Order Parent’s notice of entitlement and intention**

**Non-binding indication of when you plan to take Shared Parental Leave (SPL)**

At the date of this notice I intend to take Shared Parental Leave between the following weeks:

|  |  |
| --- | --- |
| Week commencing (Sunday) | Week ending (Saturday) |

**My blocks of leave will typically start on a:**

Mon Tue Wed Thu Fri Sat Sun

**Non-binding indication of when you plan to take Statutory Shared Parental Pay (ShPP)**

At the date of this notice I intend to take Statutory Shared Parental Pay between the following weeks:

|  |  |
| --- | --- |
| Week commencing (Sunday) | Week ending (Saturday) |

**Section 1 continued: Parental Order’s declaration to employer**

I am that I am entitled and intend to take Shared Parental Leave.

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

I will be caring for my child during the weeks that I am on Shared Parental Leave.

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 inform my employer immediately if I cease to care for my child or cease to be eligible for Shared Parental Leave for any reason.

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

**Parental Order Parent’s National Insurance Number**

**Parental Order Parent’s home address**

**Parental Order Parent’s signature**

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

**Section 2: Parental Order Parent’s notice to curtail Adoption entitlement**

**Instructions**

You should only complete this section if:

* You are the parent eligible for Adoption Leave
* You are ending your Adoption Leave early to enable you and/or your partner to take Shared Parental Leave.

**Parental Order Parent’s name**

**Adoption Leave curtailment notice:**

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

**Statutory Adoption Pay curtailment notice:**

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

**Notice to employer:**

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

Notice of Entitlement and Intention to Shared Parental Leave is set out in Section 1 of this document.

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

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

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

**Parental Order Parent’s signature**

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

**Section 3: Partner’s declaration to Parental Order Parent’s employer**

I had (or will have) the main responsibility for the care of the child at the time of the child’s placement (along with the other Parental Order Parent who made the declaration in Section 1).

I am the child’s Parental Order Parent and at the date of the child’s placement for adoption I was (or will be) the other Parental Order Parent’s: spouse, civil partner; or a partner living with the other Parental Order Parent and the child in an enduring family relationship.

I comply with the conditions that apply to the Partner where the other Parental Order Parent is planning to take Shared Parental Leave.

I consent to the other Parental Order Parent taking the period or periods of Shared Parental Leave as indicated in Section 1.

I consent to the Parental Order Parent’s employer processing the information about me provided in Section 1 and in the Partner’s Declaration (this section).

**Partner’s National Insurance Number**

**Partner’s home address**

**Partner’s signature**

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

**Period of Leave Notice 1 of 3**

**Instructions**

When you have decided your Shared Parental Leave date are final, you must ‘book’ your leave by submitting this Period of Leave notice to your employer 8 weeks before your first week of leave is due to start.

You are entitled to submit up to 3 Period of Leave notices to your employer, with each notice requesting one continuous period of leave. The minimum amount of leave you can request is one week.

If you want to submit a notice which requests more than one Period of Leave, approval will be at your employer’s discretion. Your employer has 2 weeks to agree the days when more than one period of leave is requested in one notice. If your employer refuses your leave dates or you don’t agree with their alternative dates, you’re still entitled to take the total amount of leave you’ve requested but as a single continuous period of leave.

One booked, you can change your dates, but you will have to give another Period of Leave notice which will count towards your limit of 3 Period of Leave notices.

**Period of Leave**

|  |  |
| --- | --- |
| **Shared Parental Leave start date** | **Shared Parental Leave end date** |

**If you do not know your exact start and end dates, complete the sentence below:**

I will take weeks of Shared Parental Leave. It will start weeks after my Maternity Leave ends.

**Notice to employer:**

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

**Parental Order Parent’s signature**

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

**Period of Leave Notice 2 of 3**

**Instructions**

When you have decided your Shared Parental Leave date are final, you must ‘book’ your leave by submitting this Period of Leave notice to your employer 8 weeks before your first week of leave is due to start.

You are entitled to submit up to 3 Period of Leave notices to your employer, with each notice requesting one continuous period of leave. The minimum amount of leave you can request is one week.

If you want to submit a notice which requests more than one Period of Leave, approval will be at your employer’s discretion. Your employer has 2 weeks to agree the days when more than one period of leave is requested in one notice. If your employer refuses your leave dates or you don’t agree with their alternative dates, you’re still entitled to take the total amount of leave you’ve requested but as a single continuous period of leave.

One booked, you can change your dates, but you will have to give another Period of Leave notice which will count towards your limit of 3 Period of Leave notices.

**Period of Leave**

|  |  |
| --- | --- |
| **Shared Parental Leave start date** | **Shared Parental Leave end date** |

**If you do not know your exact start and end dates, complete the sentence below:**

I will take weeks of Shared Parental Leave. It will start weeks after my Maternity Leave ends.

**Notice to employer:**

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

**Parental Order Parent’s signature**

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

**Period of Leave Notice 3 of 3**

**Instructions**

When you have decided your Shared Parental Leave date are final, you must ‘book’ your leave by submitting this Period of Leave notice to your employer 8 weeks before your first week of leave is due to start.

You are entitled to submit up to 3 Period of Leave notices to your employer, with each notice requesting one continuous period of leave. The minimum amount of leave you can request is one week.

If you want to submit a notice which requests more than one Period of Leave, approval will be at your employer’s discretion. Your employer has 2 weeks to agree the days when more than one period of leave is requested in one notice. If your employer refuses your leave dates or you don’t agree with their alternative dates, you’re still entitled to take the total amount of leave you’ve requested but as a single continuous period of leave.

One booked, you can change your dates, but you will have to give another Period of Leave notice which will count towards your limit of 3 Period of Leave notices.

**Period of Leave**

|  |  |
| --- | --- |
| **Shared Parental Leave start date** | **Shared Parental Leave end date** |

**If you do not know your exact start and end dates, complete the sentence below:**

I will take weeks of Shared Parental Leave. It will start weeks after my Maternity Leave ends.

**Notice to employer:**

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

**Parental Order Parent’s signature**

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

1. This number is 52 minus the number of weeks of Adoption Leave the Adopter will have taken when their Adoption Leave ends. [↑](#footnote-ref-1)