

**Adopter’s Partner’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 2 sections in this form. You submit sections 1 and 2 to your employer before issuing your period of leave notice(s).

1. **Adopter’s Partner’s notices of entitlement and intention and declaration to employer**
2. **Adopter’s declaration to the Adopter’s Partner’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: Adopter’s Partner’s notice of entitlement and intention**

|  |  |
| --- | --- |
| **You (the Adopter’s Partner’s)** | **Adopter** (the parent eligible for Adoption Leave) |
| Surname: | Surname: |
| First names(s): | First names(s): |
| **Child** | |
| When were you notified of a match with the child?  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | 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 partner intends to take (if any) |
|  | Number of weeks of Shared Parental Leave the Adopter intends to take (if any) |

**Section 1 continued: Adopter’s Partner’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: Adopter’s Partner’s declaration to employer**

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

I am the Adopter’s partner and at the date of the child’s placement with the family I was (or will be) the Adopter’s spouse; civil partner; or a partner living with the Adopter and her child in an enduring family relationship.

I had (or will have) the main responsibility for the care of the child at the time of the child’s birth (along with the adopter who has made the declaration in Section 2).

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.

**Adopter’s Partner’s National Insurance Number**

**Adopter’s Partner’s home address**

**Adopter’s Partner’s signature**

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

**Section 2: Adopter’s**[[2]](#footnote-2) **declaration to Partner’s employer**

I had (or will have) the main responsibility for the care of the child at the time of the child’s placement with family (along with the child’s my partner).

I am the Adopter of the child.

The Adopter’s Partner’s is (or will be) my spouse; civil partner; or a partner living with me in an enduring family relationship at the date the child is placed with the family.

I comply with the conditions that apply to the Primary Adopter where the Adopter’s Partner’s is planning to take Shared Parental.

I consent to my Partner taking the period or periods of Shared Parental Leave that they have indicated in Section 1.

I will immediately inform my partner if I cease to comply with the conditions that must be satisfied for Shared Parental Leave to be taken.

I consent to my partner’s employer processing the information about me provided in the Adopter’s Partner’s Notice of Entitlement and Intention (see Section 1) and in the Adopter’s Declaration (this section).

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

**Adopter’s** (the parent eligible for Adoption Leave) **National Insurance Number**

**Adopter’s** (the parent eligible for Adoption Leave) **home address**

**Adopter’s** (the parent eligible for Adoption Leave) **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 Adoption 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.

**Adopter’s partner’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.

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| --- | --- |
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**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 Adoption 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.

**Adopter’s partner’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.

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| --- | --- |
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**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 Adoption 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.

**Adopter’s partner’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)
2. the parent eligible for Adoption Leave [↑](#footnote-ref-2)