**Form 1: Curtailment of maternity leave and pay (for mother or birth parent's employer – must be completed by mother or birth parent)**

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| **SECTION A: General (must be completed)** | |
| Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP.  I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B.  I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C. | |
| Mother or birth parent’s last name | **Kamudu** |
| Mother or birth parent’s first name(s) | **Jane Tina** |
| Expected date of child’s birth | 14/07/24 |
| Actual date of child’s birth (if born) | N/A |
| **SECTION B: Curtailing maternity leave (must be completed)** | |
| Start date of statutory maternity leave | 03/06/24 |
| End date of statutory maternity leave | 21/07/24 |
| Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends | 7 weeks |
| **SECTION C: Curtailing statutory maternity pay (SMP) (only if claiming ShPP)** | |
| Start date of SMP | 03/06/24 |
| End date of SMP | 21/07/24 |
| Total number of weeks of SMP paid by date SMP ends | 7 weeks |
| **SECTION D: Signature (must be completed)** | |
| Signature of mother or birth parent | **J T Kamudu** |
| Date signed | **09/05/24** |

**Form 2: Notification that mother or birth parent is intending to take SPL (for their employer)**

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| **SECTION A: General (must be completed)** | | | |
| Please accept this as notification that I (the mother or birth parent) am entitled to and intend to take SPL (and ShPP if section C is completed). | | | |
| Mother or birth parent’s last name | | **Kamudu** | |
| Mother or birth parent’s first name(s) | | **Jane Tina** | |
| Partner’s last name | | East | |
| Partner’s first name(s) | | Martin | |
| Partner’s address | | 48 Wren Avenue  Perton  Wolverhampton  WV6 7TS | |
| Partner’s National Insurance number (put ‘none’ if no number is held) | | JH790789B | |
| Expected date of child’s birth | | 14/07/24 | |
| Actual date of child’s birth (if child not yet born, provide this as soon as possible after the birth and before taking SPL) | | N/A | |
| **SECTION B: Maternity entitlement details (all answers that apply must be completed)** | | | |
| Start date of statutory maternity leave | | 03/06/24 | |
| End date of statutory maternity leave | | 21/07/24 | |
| Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends | | 7 weeks | |
| Start date of SMP or MA | | 03/06/24 | |
| End date of SMP or MA | | 21/07/24 | |
| Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment | | 7 weeks | |
| Total number of weeks by which SMP or MA will be reduced (39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment) | | 39-7=32 | |
| **SECTION C: Amount of SPL available (must be completed)** | | | |
| Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation) | | 45 | |
| Total number of weeks of SPL I (the mother or birth parent) intend to take | | 16 | |
| Total number of weeks of SPL my partner intends to take | | 0 | |
| **SECTION D:** **Mother or birth parent’s leave plans (must be completed but is not binding)** | | | |
| I (the mother or birth parent) currently expect to take SPL as follows:  02/09/24 to 22/12/24  [Note: It can help to answer this as ‘from…to…’] | | | |
| **SECTION E: Amount of ShPP available (only if claiming ShPP)** | | | |
| Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation) | | | 29 |
| Total number of weeks of ShPP I (the mother or birth parent) intend to take | | | 16 |
| Total number of weeks of ShPP my partner intends to take | | | 0 |
| I (the mother or birth parent) currently expect to take ShPP as follows:  02/09/24 to 22/12/24  [Note: It can help to answer this as ‘from…to…’] | | | |
| **SECTION F:** **Mother or birth parent's declaration (must be completed)** | | | |
| **The following points apply in all circumstances where a mother or birth parent is entitled to maternity leave:**   * I am giving notice that I am entitled to and intend to take SPL * I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due * I will remain employed with this employer until any period of SPL that I intend to take * I had (or will have) the main responsibility for the care of the child at the time of the child’s birth (along with my partner who has made the declaration below) * I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL * I will inform my employer immediately if I am no longer caring for my child * I will give my employer a copy of my child’s birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice * I will give my employer the name and address of my partner’s employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice * The information provided in this declaration is accurate and meets the notification requirements for SPL   **The following points only apply if Section E has been completed:**   * I am giving notice that I am entitled to and intend to take ShPP * I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth * I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP * I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL) * I intend to care for my child in the weeks I receive ShPP * I will remain employed with this employer until before the date of my first period of ShPP * I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA * The information provided in this declaration is accurate | | | |
| Signature of mother or birth parent | **J T Kamudu** | | |
| Date signed | **09/05/24** | | |
| **SECTION G: Partner’s declaration (must be completed)** | | | |
| * I am the father of the child, or at the date of the birth I was (or will be) the mother or birth parent’s spouse, the mother or birth parent’s civil partner and/or the mother or birth parent’s partner living with her and the child in an enduring relationship * I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child’s mother or birth parent) * I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth * I have (or will have) earned in total at least £… in 13 weeks of the 66 weeks before the expected week of childbirth * I consent to the amount of SPL which the mother or birth parent intends to take, as set out in Section D above. * I consent to the mother or birth parent’s employer processing the information I have provided * I consent to the amount of ShPP which the mother or birth parent intends to take, as set out in Section E above. * The information provided in this declaration is accurate | | | |
| Signature of partner | **M R East** | | |
| Date signed | **09/05/24** | | |