



Shared Parental Leave Policy

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www.sefton.gov.uk

School: _____Cambridge Nursery_____

**Signed by Chair
of Governors:**

**Signed by Head
Teacher:**

Date:

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1. Introduction

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. Parents remain entitled to take maternity, paternity and adoption leave, however, an eligible mother or adopter may choose to reduce their maternity/adoption leave early and opt in to SPL.

All eligible employees have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Shared Parental Pay. This policy sets out the statutory rights and responsibilities of employees who wish to take statutory Shared Parental Leave (SPL) and statutory Shared Parental Pay (ShPP).

If you are considering applying for SPL, please contact the Schools Personnel Team for advice.

Please refer to the following link should you require further information
<http://www.acas.org.uk/index.aspx?articleid=4911>.

2. Eligibility

SPL can only be used by two people:

The mother/adopter **and**

One of the following:

- the father of the child (in the case of birth) *or*
- the spouse, civil partner or partner of the child's mother/ adopter.

Both parents must share the main responsibility for the care of the child at the time of the birth/placement for adoption.

Additionally an employee seeking to take SPL must satisfy each of the following criteria:

- the mother/adopter of the child must be eligible to take statutory maternity/adoption leave or be entitled to statutory maternity/adoption pay or maternity allowance and must have ended or given notice to reduce any maternity/adoption entitlements;
- the employee must pass the 'continuity test' requiring them to have a minimum of 26 weeks' service at the end of the 15th week before the child's expected due date/matching date;
- the employee's partner must meet the 'employment and earnings test' requiring them in the 66 weeks leading up to the child's expected due date/matching date have worked for at least 26 weeks and earned an average of at least £30 a week in any 13 of those weeks;
- the employee must correctly notify the organisation of their entitlement and provide evidence as required.

It is an employee's responsibility to check that they are eligible for SPL and ShPP. A calculator for employees is available on the [.gov website](#). Please visit this website and enter your information to check your eligibility.

3. Entitlement

Eligible employees may be entitled to take up to 50 weeks SPL during the child's first year in their family.

The number of weeks available is calculated using the mother's/adopter's entitlement to maternity/adoption leave, which allows them to take up to 52 weeks' leave.

In the case of maternity leave the first two weeks are compulsory so cannot be taken as SPL.

If the employee curtails/give notice to curtail (cut short) their maternity/adoption leave entitlement then the employee and/or their partner may opt-in to the SPL system and take any remaining weeks as SPL.

Notice to curtail maternity/adoption leave should be given on Form 1 (Annex 1/2).

The leave can be split in a "continuous way". This would mean that one partner would take a period of leave, and then the other partner would take the remainder of the leave. Alternatively, the leave can be "discontinuous". This would mean that one partner takes some leave, then the other, and then the first partner more leave etc. It could also mean that the two partners take leave at the same time.

The leave taken by the two partners when added together must not total more than 52 weeks. Leave must be taken in minimum units of one week.

Where a mother/adopter gives notice to curtail/cut short their maternity/adoption entitlement then the mother/adopter's partner can take leave while the mother/adopter is still using their maternity/adoption entitlements.

If the mother is not entitled to maternity leave but is entitled to Maternity Allowance (MA), they can reduce their entitlement to less than the 39 weeks. If they do this, their partner may be entitled to up to 50 weeks of SPL. This is calculated by deducting from 52 the number of weeks of MA taken by the mother. The mother will not be entitled to SPL. Further information on entitlements can be found at www.gov.uk/pay-leave-for-parents.

4. Statutory Shared Parental Pay (ShPP)

Eligible employees may be entitled to take up to 37 weeks ShPP while taking SPL. The amount of weeks available will depend on the amount by which the mother/adopter reduces their maternity/adoption pay period or maternity allowance period.

ShPP may be payable during some or all of SPL, depending on the length and timing of the leave.

To be eligible for ShPP the employee must pass the continuity test and have earned an average of the lower earnings limit or more for the eight weeks prior to the 15th week before the child's expected due date/matching date.

The employee must sign/have signed the declaration on the SPL Pay & Opt-In Form (Annex 1) to be eligible to receive ShPP.

Please note that a mother/adopter who takes the decision to curtail their maternity/adoption leave to take SPL will no longer be entitled to Occupational Maternity/Adoption Pay, if still applicable, and will receive ShPP.

5. Notifying the School of an entitlement to Shared Parental Leave

An employee intending to take SPL must give their Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) notification of their entitlement and intention to take to SPL, at least eight weeks before they can take any period of SPL.

As part of the eligibility criteria the employee is required to provide the School with the correct notification and a declaration of eligibility. Mothers/Adopters intending to take SPL must give notice in writing on Form 2 from Annex 1 (maternity) or 2 (adoption).

The employee must also provide the School with a signed declaration from their partner specifying information regarding their employer and intentions. These details should also be recorded on Form 2. Partners intending to take SPL should give notice on Form 4. Form 3 should be completed if the mother/adopter has curtailed the maternity/adoption leave but the partner is to take the full period of SPL.

Further guidance regarding the forms can be found in the Annexes. Annex 1 contains forms for maternity and Annex 2 contains forms for adoption.

The School may request further evidence within 14 days of the SPL entitlement notification being given. For example copies of the birth certificate or the name and address of the other parent's employer. Please contact the Schools Personnel Team for further information.

6. Booking Shared Parental Leave

In addition to notifying the School of their entitlement to SPL/ShPP, an employee must also give written notice at least **eight weeks** before the date on which they wish to start the leave. In many cases, notice to take leave will be given at the same time as the notice of entitlement to SPL. Notice to take periods of SPL, which haven't been specified on the initial SPL Form, must be submitted on the SPL Notification Form (Annex 3).

The employee has the right to submit **three notifications** specifying leave periods they are intending to take. Each notification may contain either (a) a single period of weeks of leave; or (b) two or more weeks of discontinuous leave, where the employee intends to return to work between periods of leave. Each notification must provide at least 8 weeks' notice of the intended date of the period of SPL.

SPL can only be taken in complete weeks but may begin on any day of the week. For example if a week of SPL began on a Tuesday it would finish on a Monday. Where an employee returns to work between periods of SPL, the next period of SPL can start on any day of the week.

6.1 Continuous leave notifications

A notification can be for a period of **continuous leave**, which means a notification of a number of weeks taken in a single unbroken period of leave (for example, six weeks in a row).

An employee has the right to take a continuous block of leave notified in a single notification, so long as it does not exceed the total number of weeks of SPL available to them (specified in the notice of entitlement) and the employer has been given at least eight weeks' notice.

An employee may submit up to three separate notifications for continuous periods of leave. Each notification must provide at least 8 week's notice of the intending date of the period of SPL.

6.2 Discontinuous leave notifications

A single notification may also contain a request for two or more periods of **discontinuous leave**, which means asking for a set number of weeks of leave over a period of time, with breaks between the leave where the employee returns to work (for example, an arrangement where an employee will take six weeks of SPL and work every other week for a period of three months).

7. Responding to a Shared Parental Leave Notification

Once the Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) receives the leave booking notice, it will be dealt with as soon as possible, but a response will be provided no later than the 14th day after the leave request/notification was made. Receipt of all notices for continuous leave will be confirmed in writing.

All requests for discontinuous leave will be carefully considered, weighing up the potential benefits to the employee and any adverse effect on the school. The Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) will consider a discontinuous leave notification but has the right to refuse it.

Where there is concern over accommodating the notification, the Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) will arrange a meeting to discuss the notification with a view to agreeing an arrangement that meets both the needs of the employee and the School. A member of the Schools Personnel Team will attend the meeting if required and the employee has the right to be accompanied by a Trade Union/Teacher Association representative or a work colleague.

The employee will be informed in writing of the decision as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made.

If a discontinuous leave pattern is refused then the employee may withdraw the request without detriment on or before the 15th day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to choose when they want the leave period to begin. The leave cannot start sooner than eight weeks from the date the original notification was submitted. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

8. Variations to arranged Shared Parental Leave

The employee is permitted to vary or cancel an agreed and booked period of SPL, provided that they notify their Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) in writing at least eight weeks before the date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

Any variation or cancellation notification made by the employee, including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. Any variation will be confirmed in writing by the School. Variations should be submitted on the SPL Notification Form (Annex 3).

9. Terms and Conditions

During the period of SPL, the employee's contract of employment continues in force and they are entitled to receive all their contractual benefits, except for salary. Annual leave will be accrued and the employee must plan to take annual leave before SPL to avoid carry over of leave from one year to the next.

9.1 Pension Schemes

9.1:1 Merseyside Pension Fund

Pension benefits will not be built up for any period of unpaid SPL that the employee takes. However there is the option to choose to cover the period of pension "lost" by taking out a Shared Cost Additional Pension Contribution (SCAPC) contract. The lost amount will be calculated as 1/49th of the assumed pensionable pay (APP) for the period of the unpaid leave if the member was in the main section during the period or 1/98th of APP for the period if they were in the 50/50 section of the Scheme based on the last period of pensionable pay received before going on to nil pay. This is normally ShPP.

Where an SCAPC contract is taken out to cover the pension "lost" during the period of unpaid additional paternity leave the cost is shared 1/3rd to the employee and 2/3rds to the employer, provided that you make an election within 30 days of returning to work. If an election is made after the 30 day period the whole cost will fall to the employee.

If an employee has an AVC contract for additional life assurance it is important that deductions are continued to ensure that cover does not lapse. Merseyside Pension Fund can be contacted on 0151 2421390 for advice.

9.1:2 Teachers Pensions.

Please contact the Teachers Pensions for details at www.teacherspensions.co.uk or on 0845 6066166

10. Contact during Shared Parental Leave

Before an employee's SPL begins, the Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) will discuss the arrangements for them to keep in touch during their leave. The School reserves the right in any event to maintain reasonable contact with the employee from time to time during their SPL.

11. Shared Parental Leave in Touch Days (SPLIT days)

An employee can agree to work for the School (or attend training) for up to 20 days during SPL without bringing their period of SPL to an end or impacting on their right to claim ShPP for that week. These are known as "Shared Parental Leave In Touch" or "SPLIT" days. Any work carried out on a day or part of a day shall constitute a day's work for these purposes.

The School has no right to require the employee to carry out any work, and is under no obligation to offer the employee any work, during the employee's SPL. Any work undertaken is a matter for agreement between the School and the employee.

SPLIT days will be paid at an employee's normal rate of pay for the hours worked on those days. If an employee is in receipt of ShPP, the SPLIT days will be **offset** against this if total pay exceeds the employee's normal rate of pay for the hours/days worked. Pension contributions will be paid equivalent to a full calendar day based on the employee's contract hours and allowances regardless of the number of hours worked. The school will also pay contributions based on a full calendar day.

Any SPLIT days worked do not extend the period of SPL.

12. Return to Work

The employee will have been formally advised in writing of the end date of any period of SPL. The employee is expected to return on the next working day after this date, unless they notify their Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher) otherwise. If they are unable to attend work due to sickness or injury, the School's normal arrangements for sickness absence will apply. In any other case, late return without prior authorisation will be treated as unauthorised absence.

If the employee wishes to return to work earlier than the expected return date, they may provide a written notice to vary the leave and must give the organisation at least eight weeks' notice of their date of early return on the SPL Notification Form. This will count as one of the employee's notifications. If they have already used their three notifications to book and/or vary leave then the School does not have to accept the notice to return early but may do if it is considered to be reasonably practicable to do so.

13. Fraudulent Claims

The School will, where there is a suspicion that fraudulent information may have been provided or where the School has been informed by the HMRC that a fraudulent claim was made, investigate the matter further in accordance with the disciplinary procedures. Intentional falsification of information to obtain SPL or ShPP will be deemed as gross misconduct.

14. Explanation of Terminology

What does "curtailment of maternity or adoption leave" and "curtailment of maternity or adoption pay" or "curtailment of maternity allowance" mean?

"Curtailment of maternity leave" means bringing forward the date on which the mother's maternity leave period ends before the whole entitlement of 52 weeks of maternity leave is taken.

"Curtailment of maternity pay" means cutting short the mother's entitlement to maternity pay before 39 weeks of that pay has been taken.

"Curtailement of maternity allowance" means cutting short the mother's entitlement to maternity allowance before 39 weeks of that allowance has been taken.

"Curtailement of adoption leave" means bringing forward the date on which the adopter's adoption leave period ends before the whole entitlement of 52 weeks of adoption leave is taken.

"Curtailement of adoption pay" means cutting short the adopter's entitlement to adoption pay before 39 weeks of that pay has been taken.

Annex 1

SPL forms (resulting from Maternity)

These are the forms needed by a mother and the person she will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?			
	Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
Form 1	YES	YES	YES
Form 2	YES	YES	NO
Form 3	NO	NO	YES
Form 4	YES	NO	YES

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- If the mother is in receipt of Maternity Allowance (MA), she will need to notify Jobcentre Plus to curtail this entitlement
- Please contact the Schools Personnel Team for advice in completing the forms. It may also be useful to discuss your proposed pattern of leave with your Head teacher/ Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SMP Statutory Maternity Pay
MA Maternity Allowance

Form(s) to be forwarded to Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Please forward a completed copy to the Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA

Form 1: Curtailment of Maternity Leave and Pay (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my maternity leave and/or SMP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my maternity leave will end on the date given in Section B and that 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's surname	
Mother's first name(s)	
Employee number	
Job Title	
Department	
Line Manager	
Child's expected date of birth	
Actual date of child's birth (if born)	
SECTION B: Curtailing maternity leave (must be completed)	
Date statutory maternity leave started/is intended to start	
Date statutory maternity leave will come to an end	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
SECTION C: Curtailing maternity pay (only complete if claiming ShPP)	
Date SMP started/is intended to start	
Date SMP will come to an end	
Total number of weeks of SMP that will have been paid at the date that SMP ends	
SECTION D: Signature (must be completed)	
Signature of mother	
Date signed	

Form 2: Notification that Mother is intending to take SPL (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother's surname	
Mother's first name(s)	
Employee Number	
Line Manager	
Partner's surname	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Maternity entitlement details (all answers that apply must be completed)	
Date mother started (or intends to start) statutory maternity leave	
Date mother's statutory maternity leave ended (or will end)	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
Date mother started (or intends to start) SMP or MA	
Date mother's SMP or MA ended (or will end)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	
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)	
Total number of weeks of SPL I (the mother) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D: Indication of Mother's leave intentions (must be completed but is not binding)	
I (the mother) currently expect to take SPL as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION E: Amount of ShPP available (only complete 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)	
Total number of weeks of ShPP I (the mother) intend to take:	
Total number of weeks of ShPP my partner intends to take:	
I (the mother) currently expect to take ShPP as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION F: Mother's declaration (must be completed)	
<p>The following points apply in all circumstances where a mother is entitled to maternity leave:</p> <ul style="list-style-type: none"> • 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	
Date mother signed	

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's spouse, the mother's civil partner and/or the mother'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)
- 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 £390 in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

Form 3: Notice confirming that Partner is taking SPL but Mother is not (for Mother's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother's surname	
Mother's first name(s)	
Employee Number	
Line Manager	
SECTION B: Confirmation	
<ul style="list-style-type: none"> • I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP. 	
SECTION C: Signature (must be completed)	
Signature of mother	
Date signed	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the mother's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's surname	
Partner's first name(s)	
Employee number	
Line Manager	
Mother's surname	
Mother's first name(s)	
Mother's address	
Mother's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B: Maternity entitlement details (all answers that apply must be completed)	
Date mother started (or intends to start) maternity leave (if applicable)	
Date mother's maternity leave ended (or will end) (if applicable)	
Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
Date mother started (or intends to start) SMP or MA (if applicable)	
Date mother's SMP or MA ended (or will end) (if applicable)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)

The total number of weeks of SPL created depends on the mothers leave and pay entitlements:

- If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid
- If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted

Total number of weeks of SPL created (50 max)

Total number of weeks of SPL I (the partner) intend to take

Total number of weeks of SPL the mother intends to take (if applicable)

SECTION D: Indication of Partner’s leave intentions (must be completed but is not binding)

I (the partner) currently expect to take SPL as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

SECTION E: Amount of ShPP available (only complete if claiming ShPP)

Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation)

Total number of weeks of ShPP I (the partner) intend to take:

Total number of weeks of ShPP mother intends to take:

I (the partner) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

SECTION F: Partner's declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the father of the child, or at the time of the birth I was (or will be) the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship
- I have been (or will be) 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 our child at the time of the child's birth (along with the child's mother who has made the declaration below)
- 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 the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period

- 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 intend to care for my child in the weeks I receive 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 will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner

Date partner signed

SECTION G: Mother's declaration (must be completed)**The following points apply in all circumstances:**

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, 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 childbirth
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- 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 entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- The information provided in this declaration is correct

Signature of mother

Date mother signed

Form to be forwarded to Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Please forward a completed copy to the Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA.

Annex 2

SPL forms (Adoption)

These are the forms needed by an adopter who has taken adoption leave and/or pay and the person they will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?			
	Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
Form 1	YES	YES	YES
Form 2	YES	YES	NO
Form 3	NO	NO	YES
Form 4	YES	NO	YES

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- Please contact the Schools Personnel Team for advice in completing the forms. It may also be useful to discuss your proposed pattern of leave with your Head teacher/ Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay

Form(s) to be forwarded to Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Please forward a completed copy to the Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA

Form 1: Curtailment of Adoption Leave and Pay (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by a notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my adoption leave will end on the date given in Section B and that my SAP will finish on the end date given in Section C, unless my notice is revoked or there is no entitlement.	
Adopter's surname	
Adopter's first name(s)	
Employee number	
Job title	
Line Manager	
Child's expected date of placement	
Actual date of child's placement (if known)	
SECTION B: Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
SECTION C: Curtailing adoption pay (only complete if claiming ShPP)	
Date SAP started/is intended to start	
Date SAP pay will come to an end	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 2: Notification that Adopter is intending to take SPL (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Adopter's surname	
Adopter's first name(s)	
Employee number	
Job title	
Line Manager	
Partner's surname	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (State 'none' if no number is held)	
Date adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave	
Date adopter's statutory adoption leave ended (or will end)	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Date adopter started (or intends to start) SAP	
Date adopter's SAP ended (or will end)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C: Amount of SPL available (must be completed)	

Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the adopter) intend to take	
Total number of weeks of SPL partner intends to take	
SECTION D: Indication of Adopter's leave intentions (must be completed but is not binding)	
I (the adopter) currently expect to take SPL as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the adopter) intend to take:	
Total number of weeks of ShPP partner intends to take:	
I (the adopter) currently expect to take ShPP as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION F: Adopter's Declaration (must be completed if adopter is entitled to adoption leave)	
The following points apply in all circumstances:	
<ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take SPL • I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption • 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 placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL • I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL • I will inform my employer immediately if I am no longer responsible for the care of the child • if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me. • 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

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 week in which I (the adopter) was notified of having been matched for adoption with the child
- I am entitled to SAP in respect of the child placed with me, my adoption 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, if I am entitled to it, I will be on SPL in those weeks
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP
- The information provided in this declaration is accurate

Signature of adopter

Date adopter signed

SECTION G: Partner's Declaration (must be completed)

- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child's adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL which the adopter intends to take, as set out in Section D above.
- I consent to the adopter's employer processing the information I have provided
- I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner

Date partner signed

Form 3: Notice confirming that Partner is taking SPL but Adopter is not (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Adopter's surname	
Adopter's first name(s)	
Employee number	
Job title	
Line Manager	
SECTION B: Confirmation	
<ul style="list-style-type: none"> • I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP. 	
SECTION B: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's surname	
Partner's first name(s)	
Employee number	
Job title	
Line Manager	
Adopter's surname	
Adopter's first name(s)	
Adopter's address	
Adopter's National Insurance number (State 'none' if no number is held)	
Date adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave (if applicable)	
Date adopter's statutory adoption leave ended (or will end) (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Date adopter started (or intends to start) SAP (if applicable)	
Date adopter's SAP ended (or will end) (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)

The total number of weeks of SPL created depends on the adopter’s leave and pay entitlements:

- If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken
- If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken

Total number of weeks of SPL created (50 max)

Total number of weeks of SPL I (the partner) intend to take

Section D: Indication of Partner’s leave intentions (must be completed but is not binding)

I (the partner) currently expect to take SPL as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

SECTION E: Amount of ShPP available (only complete if claiming ShPP)

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)

Total number of weeks of ShPP I (the partner) intend to take:

Total number of weeks of ShPP adopter intends to take:

I (the partner) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

Form to be forwarded to Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher).

Please forward a completed copy to the Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA.

SECTION F: Partner’s Declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter’s spouse, the adopter’s civil partner or the adopter’s partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the week in which the adopter was notified of having been matched for adoption
- 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 our child at the time of the child’s placement (along with the child’s adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter’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
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

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 week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

SECTION G: Adopter’s Declaration (must be completed)

The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child

- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- 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 entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of adopter	
Date adopter signed	

Annex 3

SPL NOTIFICATION FORM

Guidance Notes.

This form can only be used to provide notice to take periods of SPL which were not specified on the **original SPL Application Forms**

Employee Name		Employee No.	
School		Employee Tel. No.	
Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher)			

Shared Parental Leave

Please specify when you wish to take SPL and the periods for which you wish to claim ShPP. Your request for SPL can be for a continuous period or for a period of discontinuous leave for two or more weeks with a return to work in between periods of leave.

Please note that SPL can only be taken in blocks of a week or more but may start on any day of the week. You can submit 3 notifications to take periods of leave however notification must be given 8 weeks before you wish to take the SPL.

Please consider the dates of School Closure Periods before submitting this form.

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Signed:
Print Name:
Date:

Send form to Head teacher/Senior Leader/*Chair of Governors (*in the cases of the Head teacher)

Please forward a completed copy to the Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA

Annex 4 SPLIT Days

To be completed up to the Sunday before the 15th day of the month (non teaching staff) and 23rd day of the Month (teaching staff) and forwarded, properly certified, to Transactional HR, Payroll & Pensions: PO Box 158, Bootle, L20 3WA within three days of the end of the claim period.

Department No			Payroll Number			
COST CODE						
e.g.AA123	A4567	Project Code (If Applicable)	Hrs.			
Cost Centre	Detail					

Name _____

School _____

Period end _____

Post Title _____

Post Number _____

Grade & point _____

To be completed by Claimant					
Day	Date	Detail	Time Worked		Number of Hours
			From	To	
			Total		

For Payroll Unit Use					
SPLIT Day Payment Calculation (2300) Non Pensionable					
CODE	HOURS Wrkd	RATE	ALLOW.	TOT. DUE	
2300					
Notional Pensionable Pay Calculation (6500)					
CODE	Full Calendar Day Cont.Hrs. (1/30.1/31)	RATE	Full Calendar Day Contract Allow. (1/30,1/31)	Deduct 1/7th Per Day Wrkd. Of Any Pens. ShPP	TOT. DUE
6500					
SPLIT Offset Calculation (2305) Non Pensionable (Only to be calculated if Total Pay Due exceeds Normal Days Pay Incl.ShPP).					
CODE	TOTAL PAY DUE	Deduct Total Normal Days Pay Incl.ShPP Pens. From Total Pay Due			TOT. DUE

NB. You can work for up to 20 SPLIT days during your shared parental leave. If more than 20 days are worked you will lose your ShPP for any week in which you do any further work.

I certify that this claim is a correct record of hours I have worked

I certify these hours have been claimed in accordance with the Council's Scheme of Conditions of Service

Signature of Claimant: _____

Signature of Authorising Officer: _____

Signature of Certifying Officer: _____

Date: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Annex 5

Shared Parental Leave process at a glance



Annex 6

Sample Letter 1: - Shared Parental Leave request to discuss leave booking

Dear

Thank you for your notice to book a period of Shared Parental Leave that was received on **INSERT DATE**.

I would like to discuss your notification with you at a meeting in **INSERT LOCATION** on **INSERT DATE** at **INSERT TIME**.

You may, if you wish, be accompanied by a trade union representative or a workplace colleague.

Please confirm your attendance at the meeting by contacting **INSERT NAME** on **INSERT CONTACT DETAILS** and I should be grateful if you would at the same time confirm who will be attending the meeting with you.

Yours sincerely

Annex 7

Sample Letter 2:- Confirmation of entitlement to Shared Parental Leave

Dear

Thank you for advising me of your entitlement to take Shared Parental Leave.

I confirm that, based on the information you have provided us, you are entitled to take Shared Parental Leave, that you currently have **INSERT NUMBER** weeks of Shared Parental Leave to take **INSERT NUMBER** of which you are entitled to receive Statutory Shared Parental Pay.

If you and your partner wish to vary the amount of leave and/or pay that you are each entitled to then you must notify us of the change in writing and inform us:

- (a) of any Shared Parental Leave or Pay that you or your partner have already booked
- (b) the number of weeks you are adding to your entitlement from your partner's entitlement or the number of weeks you are deducting to give to your partner
- (c) when you expect to take any additional weeks of leave.

You will also need to give us a declaration signed by you and your partner both consenting to the change.

If you have any questions about any aspect of your shared parental leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**.

Yours sincerely

Annex 8

Sample Letter 3:- Confirmation of Shared Parental Continuous Leave booking

Dear

Thank you for your notice to take a continuous period of Shared Parental Leave commencing on **INSERT DATE**.

I confirm that you are entitled to take Shared Parental Leave as set out in your notification.

As you have applied for a continuous block of leave you will be absent from school on Shared Parental Leave from **INSERT DATE** to **INSERT DATE** and you are expected to return to work on the **INSERT DATE** which is the first working day after your leave period ends.

During your leave period you will receive Statutory Shared Parental Pay from **INSERT DATE** to **INSERT DATE**.

Or

During your leave period you will not be entitled to receive Statutory Shared Parental Pay.

If you wish to vary or reduce the leave that you have booked, you must give at least eight weeks notice before any amended dates occur. A notice to vary your booked leave will count as a new notice thereby reducing your entitlement to make three statutory notifications by a further one.

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**.

Yours sincerely

Annex 9

Sample Letter 4:- Confirmation of Shared Parental Discontinuous Leave booking

Dear

Thank you for your notice to take discontinuous blocks of Shared Parental Leave commencing on **INSERT DATE**.

I confirm that you are entitled to take Shared Parental Leave as set out in your notification and as you have applied discontinuous block of leave you will be absent from school on Shared Parental Leave on the following periods

Period 1: From **INSERT DATE** to **INSERT DATE**

Period 2: From **INSERT DATE** to **INSERT DATE**

Period 3: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate)

You will be expected to return to work and attend work for the following periods

Period a: From **INSERT DATE** to **INSERT DATE**

Period b: From **INSERT DATE** to **INSERT DATE**

Period c: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate).

You will receive Statutory Shared Parental Pay for the following periods:-

Period 1: From **INSERT DATE** to **INSERT DATE**

Period 2: From **INSERT DATE** to **INSERT DATE**

Period 3: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate)

Or

During your periods of leave you will not be entitled to receive Statutory Shared Parental Pay.

If you wish to vary or reduce the leave that you have booked, you must give at least eight weeks notice before any amended dates occur. A notice to vary your booked leave will count as a new notice thereby reducing your entitlement to make three statutory notifications by a further one.

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**.

Yours sincerely

Annex 10

Sample Letter 5:- Confirmation of a modified/varied continuous Shared Parental Leave booking

Dear

Thank you for your notice to modify your continuous Shared Parental Leave commencing on **INSERT DATE**.

As you have applied for a continuous block of leave you will be absent from school on Shared Parental Leave from **INSERT DATE** to **INSERT DATE** and you are expected to return to work on the **INSERT DATE** which is the first working day after your leave period ends.

During your leave period you will receive Statutory Shared Parental Pay from **INSERT DATE** to **INSERT DATE**.

Or

During your leave period you will not be entitled to receive Statutory Shared Parental Pay.

If you wish to vary or reduce the leave that you have booked, you must give at least eight weeks notice before any amended dates occur. As this is your **second/third** *(delete as appropriate)* notification you are only entitled to make one further notification/you are not entitled to make any further notifications. *(amend as appropriate)*

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**

Yours sincerely

Annex 11

Sample Letter 6:- Confirmation of a modified/varied discontinuous Shared Parental Leave booking

Dear

Thank you for your notice to modify your continuous Shared Parental Leave commencing on **INSERT DATE**.

I confirm that you are entitled to take Shared Parental Leave as set out in your notification and as you have applied discontinuous block of leave you will be absent from school on Shared Parental Leave on the following periods

Period 1: From **INSERT DATE** to **INSERT DATE**

Period 2: From **INSERT DATE** to **INSERT DATE**

Period 3: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate)

You will be expected to return to work and attend work for the following periods

Period a: From **INSERT DATE** to **INSERT DATE**

Period b: From **INSERT DATE** to **INSERT DATE**

Period c: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate).

You will receive Statutory Shared Parental Pay for the following periods:-

Period 1: From **INSERT DATE** to **INSERT DATE**

Period 2: From **INSERT DATE** to **INSERT DATE**

Period 3: From **INSERT DATE** to **INSERT DATE**

(amend as appropriate)

Or

During your periods of leave you will not be entitled to receive Statutory Shared Parental Pay.

If you wish to vary or reduce the leave that you have booked, you must give at least eight weeks notice before any amended dates occur. As this is your **second/third** *(delete as appropriate)* notification you are only entitled to make one further

notification/you are not entitled to make any further notifications. (*amend as appropriate*)

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**

Yours sincerely

Annex 12

Sample letter 7:- Shared Parental Leave: Refusal of a discontinuous leave booking

Dear

Thank you for your notice booking Shared Parental Leave that was received on **INSERT DATE**.

Having given the proposal thorough consideration, I regret that I am unable to agree to the pattern of discontinuous leave that you requested.

Unless your notice is withdrawn the total amount of leave requested in your notice, amounting to **INSERT NUMBER** weeks, will automatically become a continuous block. Unless the organisation is informed otherwise this will begin on the date you originally requested your leave period to start **INSERT DATE**.

If you would like the period to begin on a different date please confirm this in writing to **INSERT NAME** on or before **INSERT DATE**. Please remember that the start date cannot be sooner than eight weeks from the date your original notice was given (i.e. **INSERT DATE**).

Alternatively you may withdraw your notification on or before **INSERT DATE**. Should you withdraw by this date this notification will not count as one of the three notifications that you are entitled to submit.

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact **INSERT NAME**.

Yours sincerely