

SHARED PARENTAL LEAVE Notice of entitlement and intention to take Shared Parental Leave (Partner)

SPL2/b

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You should use this form if you are the partner of the child's mother or main adopter and wish to notify Glasgow Life of your entitlement and intention to take Shared Parental Leave (SPL).

The date you want to start SPL must be at least 8 weeks' from the day you submit this notice.

Section 1 - Your details:				
Name:	Position:			
Service:	Place of Work:			
Employee/SAP no:	N.I. no:			
Section 2 - mother's/main adopter's maternity/adoption leave	details:			
Child's expected week of birth/date of placement for adoption:				
Child's actual date of birth/date of placement for adoption (if				
known):				
Start date of mother's maternity leave/main adopter's adoption				
leave:				
End date of mother's maternity leave/main adopter's adoption				
leave:				
Total amount of maternity leave/adoption leave taken:				
Section 3 - SPL details:				
Total SPL available (whole weeks):				
(52 weeks minus the number of weeks' leave/pay already taken by the				
mother/main adopter according to the dates given in Section 2).				
Number of whole weeks CDL vary intend to take				
Number of whole weeks SPL you intend to take:				
Number of whole weeks SPL the other parent intends to take:				
Indication of start and end dates of SPL that you intend to take:				
(This indication is non-binding. You must submit a formal period of				
leave notice for each period of SPL you wish to make a binding request for it to be binding).				
request for it to be billulligj.				



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Section 4 - Shared Parental Pay details:			
	al shared parental pay available (whole weeks):		
	weeks minus the number of weeks' pay already taken by the		
	ther/main adopter according to the dates given in Section 2).		
	mber of whole weeks' shared parental pay you intend to		
clai			
	mber of whole weeks' shared parental pay the other		
	ent intends to claim:		
	ication of start and end dates of shared parental pay that		
	intend to take:		
	is indication is non-binding. You must submit a formal period of		
	ve notice for each period of shared parental pay you wish to		
requ	uest for it to be binding).		
Sec	tion 5 - Your declaration:		
I co	onfirm that:		
1)	I am the father of the child and/or the Partner of the moth	er/main adopter detailed in section 6.	
2)	2) I have main responsibility for the care of the child which I share with the person detailed in section 6.		
3)	3) I will have at least 26 weeks continuous service at the end of the 15 th week before the expected week of childbirth (EWC)/or the week in which the main adopter was notified of having been matched for adoption with the child.		
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4)	4) I intend to be in continuous employment until at least the week before any period of SPL/shared parental pay I intend to take.		
5)	5) My normal weekly earnings in the eight week period ending with the 15 th week before the EWC/the week in which the main adopter was notified of having been matched for adoption with the child were not less than the <u>lower earnings limit</u> this is only required if claiming shared parental pay).		
6)	6) I will be absent from work on SPL during any period that I am in receipt of shared parental pay and intend to care for the child during this period (this is only required if claiming shared parental pay).		
7)	7) I will inform you immediately if I cease to care for the child or to otherwise satisfy the conditions for entitlement to SPL /shared parental pay.		
8)	8) I will inform you if the mother/main adopter named in section 6 informs me that he /she no longer satisfies the conditions to entitle me to take SPL /shared parental pay; or revokes their decision to curtail their maternity/adoption leave.		
9)	9) I understand that the occupational (enhanced) element of shared parental pay is paid by the Council on the basis that I physically return to work for at least three months following SPL; and that I will be required to refund the appropriate amount paid if I do not return (this is only required if claiming shared parental pay).		
10) The information given in this form is accurate and I have complied, and will continue to comply, with the relevant notification requirements.			
11) I consent to you processing the information contained in this declaration for the purposes of the administering of SPL and shared parental pay.			
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Section 6 - Mother/main adopter's declaration:				
Name:		N.I. no:		
Job titl	e:			
Home address:		Name and address of employer:		
I confi	rm that:			
1.	I. I am the child's mother/main adopter and have curtailed my maternity/adoption leave/pay; or will have done so by the time your employee starts SPL/shared parental pay.			
2.	2. I share the main responsibility for the care of the child with your employee.			
3.	3. I have worked in an employed or self employed capacity in at least 26 of the 66 weeks immediately before the expected week of childbirth (EWC)/the week in which your employee was notified of having been matched with the child for adoption.			
4.	My average weekly earnings are at least £30, taking the highest earning weeks in the 66 weeks immediately before the EWC/the week in which your employee was notified of having been matched with the child for adoption.			
5.	i. I consent to your employee taking SPL/shared parental pay as set out in this notice and will immediately inform them if I cease to satisfy any of the conditions in this declaration.			
6.	 I consent to you processing the information contained in this declaration for the purposes of administering shared parental leave and pay. 			
7.	. The information given in this form is accurate and I understand that you can contact my employer to clarify any of the information provided.			
Signati	ure: Da	ate:/		
Compl	eted form should be sent via Manager to Customer	Business Services (CBS): servicehr@glasgow.gov.uk		