**Form - Declaration of Entitlement to Shared Parental Leave**

Please ensure you have read the Shared Parental Leave Policy before completing this form.

This form should be used to declare your entitlement to shared parental leave. It captures the details required to confirm your eligibility for shared parental leave and provides the University with early notice of the proposed dates on which you are considering taking your leave.

Providing proposed dates for shared parental leave on this form does not itself count as formally booking a period of leave. If you wish to take shared parental leave, please complete the Request to Book (or Vary) Shared Parental Leave form after submitting this declaration of entitlement.

1. **Basic Details**

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee ID Number: |  |
| Job Title: |  |
| School/RI/Service: |  |
| Are you the **mother / main adopter** of the child **or** the **spouse**/**partner** of the mother / main adopter? |  |
| What is/was your child’s expected due date/matching date? |  |
| What was your child’s actual date of birth/adoption? (if applicable): |  |
| Date on which the mother or main adopter commenced (or will commence) maternity/adoption leave: |  |

1. **Notice of curtailment of maternity / adoption leave**

In order to create an entitlement to shared parental leave, the mother/adopter must give notice to curtail their entitlement to maternity/adoption leave. Maternity/adoption leave cannot end sooner than 2 weeks after birth/adoption.

Please complete either box **a)** or **b)** depending on whether you are:

|  |  |  |
| --- | --- | --- |
| **a)** | **The mother or main adopter.** | **Date** |
| I wish my maternity/adoption leave and/or pay (if applicable) to end on the following date: |  |
| Signed: Date: |

|  |  |  |
| --- | --- | --- |
| **b)** | **The partner** **(of the mother or main adopter)** | **Date** |
| I confirm my partners maternity/adoption leave and/or pay ended (or they have given formal notice for it to end) on the following date: |  |
| Signed: Date: |

1. **Shared Parental Leave/Pay Details**

You should only complete the field relating to Shared Parental Pay if you have checked that you are eligible to receive it (Note – eligibility criteria for SPL and ShPP differ).

|  |  |
| --- | --- |
| **Total Leave/Pay Entitlement (Both Parents Combined)** | **Weeks** |
| Enter the total number of weeks of **Shared Parental Leave** available to both parents combined: (i.e. 52 weeks minus the number of weeks’ maternity/adoption leave/pay taken (or to be taken) by the date you provided in Section 2): |  |
| Enter the total number of weeks of **Shared Parental Pay** (ShPP) available to both parents combined: (i.e. 39 weeks minus the number of weeks’ pay taken (or to be taken) by the date you provided in Section 2): |  |

|  |  |  |
| --- | --- | --- |
| **How Leave/Pay will be shared (between each parent)** | **Leave** | **Pay** |
| Number of weeks of Shared Parental Leave / Pay **you** intend to take: |  |  |
| Number of weeks of Shared Parental Leave / Pay the **other parent** intends to take: |  |  |

1. **Shared Parental Leave and Pay – Proposed Dates (Non-binding)**

Please provide the proposed (non-binding) start and end dates (in 1 week blocks) of the Shared Parental Leave (and Pay, if eligible) that **you** intend to take. This should tally with the number of weeks you have indicated you will take in the box above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Parental Leave Dates****(To – From)** | **Total** **Weeks** | **Shared Parental Pay (ShPP) Dates****(To-From)** | **Total** **Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The above dates are for information purposes only and are non-binding. If you wish to formally request a period of Shared Parental Leave then please complete the Request to Book (or Vary) Shared Parental Leave form.

1. **Declarations of Eligibility**

Declarations of eligibility must be provided by both the employee and their partner. There are separate eligibility criteria for shared parental leave and shared parental pay. Where both partners are employees of the University, each individual must complete and submit their own form to their own manager. Please read each section then tick to confirm the statement applies before signing below:

|  |  |
| --- | --- |
| **Employee** |  |
| **Declaration of Eligibility for Shared Parental Leave (SPL)** | ✓ |
| I am the mother, adopter or father of the child **or** the spouse, civil partner or partner of the child’s mother/adopter. |  |
| At the date of the child’s birth/adoption I will share the main responsibility (with the other parent) for the care of the child. |  |
| The child being cared for was born or adopted on or after 5th April 2015. |  |
| The mother/adopter is/was entitled to statutory maternity/adoption leave and has ended or given notice to end their entitlement to this as detailed in Section 2 above.**Or**The mother/adopter isn’t/wasn’t entitled to statutory maternity/adoption leave but is/was entitled to statutory maternity/adoption pay or maternity allowance and has ended or given notice to end their entitlement to this as detailed in Section 2 above.**Or**I am the mother/main adopter and I am/was entitled to statutory maternity/adoption leave and have ended or given notice to end my entitlement to this as detailed in Section 2 above. |  |
| I had/will have a minimum of 26 weeks’ continuous service at the end of the 15th week before the child’s expected due date/matching date and I intend to be employed by the University at the start of each period of shared parental leave. |  |
| **(Only for employees normally entitled to paternity leave)** - I understand that I am not entitled to take statutory paternity leave after taking shared parental leave. |  |
| **Declaration of Eligibility for Shared Parental Pay (ShPP)** |
| I confirm that the mother/adopter is/was entitled to statutory maternity/adoption pay or maternity allowance and has ended (or given notice to end) their entitlement to this as detailed in Section 2.**Or**I am the mother/adopter and I am/was entitled to statutory maternity/adoption pay or maternity allowance and have ended (or given notice to end) my entitlement to this as detailed in Section 2. |  |
| I confirm that in the 8 weeks leading up to and including the 15th week before the child’s expected due date/matching date I have had/will have had average weekly earnings which were/will be no less than the Lower Earnings Limit in force for National Insurance Contributions *(Contact Payroll if necessary)* |  |
| **Summary** |
| I have correctly notified the University of my entitlement and will comply with the notice requirements, as outlined in the Shared Parental Leave Policy, for any periods of leave requested (or varied). |  |
| The information I have provided is accurate and I will immediately inform the University if I cease to care for the child or if my eligibility for shared parental leave changes/ceases. |  |
| Signed: |  | Date: |  |

|  |  |
| --- | --- |
| **Other Parent** |  |
| **Declaration of Eligibility** | ✓ |
| I am the mother, adopter or father of the child or the spouse, civil partner or partner of the child’s mother/adopter. |  |
| At the date of the child’s birth/adoption, I shared/will share the main responsibility (with the other parent) for the care of the child. |  |
| I have worked/will work for at least 26 weeks out of the 66 weeks leading up to my child’s due date/matching date and in that time earned/will earn an average of at least £30 per week in any 13 of those weeks. |  |
| I consent to the amount of shared parental leave (and pay if applicable) that my partner wishes to take and confirm that Section 3 has been completed accurately. |  |
| I consent to the University of Glasgow processing the information provided in this form for the purposes of establishing our entitlement to shared parental leave. |  |
| **Other Parent – Additional Declarations (If you are the mother/adopter)** |
| I have ended or given notice to my employer to end my maternity/adoption leave entitlement (including my entitlement to statutory maternity/adoption pay or maternity allowance if applicable) and this has been correctly recorded by my partner in Section 2. |  |
| I will immediately inform my partner if I withdraw my notice to end my maternity leave (and pay if applicable). |  |
| **Additional Details (Required)** |
| Name: |  | NI Number |  |
| Address: |  |
| Name and Address of Employer:*(Or state if self-employed)*(Name of HR Contact at partners employer:) |  |
| Signed: |  | Date: |  |

For the purposes of confirming entitlement the University retains the right, within 14 days of this form being submitted, to request evidence of a birth/adoption. Any information obtained for this purpose will be treated in strict confidence in line with Data Protection requirements and will be destroyed once any eligibility has been confirmed.

**Completed forms should be returned to your manager and copied to your College/US HR Team**

**Please keep a copy of this form for your own records as you may need to refer to it in the future.**