

**QUEEN’S UNIVERSITY BELFAST**

**SHARED PARENTAL LEAVE**

**SPL 1 – NOTICE OF CURTAILMENT OF MATERNITY/ ADOPTION LEAVE**

**To be completed if you are the Mother and a University Employee**

To be completed and returned (with Forms SPL3 and SPL4 – the latter for each leave request) to the **HR Hub, People and Culture Directorate, Level 4, Administration Building,** at least **8 weeks** prior to the end of your 52 week Maternity/Adoption Leave

|  |  |
| --- | --- |
| **Name:**  |  |
| **Staff Number:** |  |
| **School/ Department/ Unit:** |  |
| **Current Home Address:** |  |
| **In the event we need to contact you, please state email address and / or telephone number we may contact you at:** |  |
| **FOR MATERNITY**  |
| Expected date of confinement |  |
| **FOR ADOPTION** |  |
| Date notified of the matching: |  |
| Date child is expected to be placed with us: |  |

**Please think very carefully before you submit this form. Once the form is submitted, you can only withdraw this curtailment notice in limited circumstances (see policy).**

**DECLARATION:**

**I give notice that I wish to curtail my Maternity/Adoption leave as follows:**

|  |  |
| --- | --- |
| Date Maternity / Adoption Leave will start: |  |
| Date Maternity / Adoption Leave will finish: |  |
| Amount of Maternity / Adoption Leave remaining to be shared with my Partner  |  **……………………………….** Weeks |

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**QUEEN’S UNIVERSITY BELFAST**

**SHARED PARENTAL LEAVE**

**SPL 2 – NOTICE OF ENTITLEMENT& INTENTION TO TAKE SHARED PARENTAL LEAVE**

**To be completed if you are the Father/Partner and a University Employee**

To be completed and returned (with Form SPL4) to the **HR Hub, People and Culture Directorate,** at least **8 weeks** prior to your first proposed period of Shared Parental Leave (ShPL)

|  |  |
| --- | --- |
| **Name:**  |  |
| **Staff Number:** |  |
| **School/ Department/ Unit** |  |

|  |  |
| --- | --- |
| Name of Mother / Adopter: |  |
| Expected date of confinement / placement |  |
| Start date of Maternity / Adoption Leave: |  |
| End date of Maternity / Adoption Leave: |  |
| Amount of ShPL available to be shared:(52 weeks – 2 weeks compulsory maternity leave = maximum of 50 weeks Shared Parental Leave to be shared) |  |
| Amount of ShPL I will be taking: |  |
| Amount of ShPL the Mother / Adopter will be taking: |  |
| Number of periods of ShPL (maximum 3 each) we intend to take: |  |
| Proposed dates for my ShPL: | Dates from – to: |

**DECLARATIONS:**

**Father / Partner**

I confirm:

* that I am the Spouse / Partner of the Mother / Adopter of the child
* that I satisfy the eligibility conditions for ShPL in terms of employment and earnings (please see Shared Parental Leave Policy)

(I have been employed for 26 weeks out of 66 weeks up to the expected week of child birth placement of the child and have earned at least £30 in 13 of those weeks)

* that I consent to the amount of leave the Mother / Adopter intends to take
* that I will immediately inform the Mother / Adopter if I cease to meet the conditions for ShPL
* that I will be sharing responsibility for the care of the child with my wife/ partner
* I will provide a copy of the child’s birth certificate as soon as possible
* The information given in the notice is accurate and I understand that it is a potential gross misconduct offence to knowingly provide incorrect information

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**Mother / Adopter**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **ADDRESS** |  |
| **NATIONAL INSURANCE NO:** |  |

I confirm:

* that I satisfy the eligibility conditions for ShPL in terms of employment and earnings (please see shared Parental Leave Policy)
* that the information I have provided is accurate
* that I will immediately inform the University if I cease to meet the conditions for ShPL
* that I have given notice to end my Maternity / Adoption leave
* that I will be sharing responsibility for the care of the child with my spouse / partner
* that I consent to Queen’s University receiving this Declaration to process the information contained in it

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**Notes**

This notice is to allow the University to check that you are entitled to Shared Parental Leave. It provides your Line Manager with an initial indication of the pattern of leave you wish to take. Please discuss this with him / her.

**QUEEN’S UNIVERSITY BELFAST**

**SHARED PARENTAL LEAVE**

**Form SPL 3 –NOTICE OF ENTITLEMENT & INTENTION TO TAKE SHARED PARENTAL LEAVE**

**To be completed if you are the Mother / Adopter and a University Employee**

To be completed and returned (with Forms SPL1 and SPL4) to the HR Hub, People and Culture Directorate at least **8 weeks** prior to your first proposed period of Shared Parental Leave (ShPL).

|  |  |
| --- | --- |
| **Name:**  |  |
| **Staff Number:** |  |
| **School/ Department/ Unit:** |  |

|  |
| --- |
| **FOR MATERNITY**  |
| Name of Father / Partner: |  |
| Expected date of confinement: |  |
| Start date of Maternity Leave: |  |
| End date of Maternity Leave: |  |
| **FOR ADOPTION** |
| Name of Adoptive Partner: |  |
| Date notified of the matching: |  |
| Date child is expected to be placed with us: |  |
| Start date of Adoption Leave: |  |
| End date of Adoption Leave: |  |
| Amount of ShPL available to be shared:(52 weeks – 2 weeks compulsory maternity leave = maximum of 50 weeks Shared Parental Leave to be shared) |  |
| Amount of ShPL I will be taking: |  |
| Amount of ShPL the Father / Partner will be taking: |  |
| Number of periods of ShPL (maximum 3 each) we intend to take: |  |
| Proposed dates for my ShPL: | Dates from – to**:** |

**DECLARATIONS:**

**Mother / Adopter**

I confirm:

* that I satisfy the eligibility conditions for ShPL in terms of employment and earnings (please see Shared Parental Leave Policy)
* that the information I have provided is accurate
* that I will immediately inform the University if I cease to meet the conditions for ShPL
* that I have given notice to end my Maternity / Adoption leave
* that I will be sharing responsibility for the care of the child with my spouse / partner

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**Father / Partner**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **HOME ADDRESS** |  |
| **NATIONAL INSURANCE NO:** |  |

I confirm:

* that I am the Spouse / Partner of the Mother / Adopter of the child
* that I satisfy the eligibility conditions for ShPL in terms of employment and earnings (please see Shared Parental Leave Policy).
* that I consent to the amount of leave the Mother / Adopter intends to take
* that I will immediately inform the Mother / Adopter if I cease to meet the conditions for ShPL
* that I will be sharing responsibility for the care of the child with my spouse/ partner
* that I consent to Queen’s University receiving this Declaration to process the information contained in it

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**Notes**

This notice is to allow the University to check that you are entitled to Shared Parental Leave. It provides your Line Manager with an initial indication of the pattern of leave you wish to take. Please discuss this with him / her.

**QUEEN’S UNIVERSITY BELFAST**

**SHARED PARENTAL LEAVE**

**FORM SPL 4 –BOOKING NOTICE TO TAKE A PERIOD OF SHARED PARENTAL LEAVE**

**To be completed if you are a University Employee**

To be completed and returned with Forms SPL1 and SPL3 if you are the Mother/ Adopter and a University Employee and Form SPL2 if you are the Father/ Partner and a University Employeeto HR Hub, People and Culture Directorate via your line manager at least **8 weeks** prior to the first week of leave

|  |  |
| --- | --- |
| **Name:**  |  |
| **Staff Number:** |  |
| **Directorate/ School:** |  |

**I intend to take a period of Shared Parental Leave (maximum of 50 weeks to be shared) as follows:**

|  |  |
| --- | --- |
| Date Shared Parental Leave starts: | From: |
| Date Shared Parental Leave ends: | To: |
| Number of weeks (Each period must be in blocks of full weeks – minimum one week): |  |

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**VARIATION OF LEAVE:**

I intend to vary a period of booked Shared Parental Leave as follows:

|  |  |
| --- | --- |
| Dates of Shared Parental Leave already booked: | By me: By my Spouse / Partner: |
| Revised dates of Shared Parental Leave (if you wish to change the dates): | By me:By my Spouse / Partner: |
| The number of weeks you are adding to your entitlement from your spouse / partner’s entitlement, **or** the number of weeks you are deducting to give to your spouse / partner **if applicable**: |  |
| Employee of QUB : Amended date requested for Shared Parental Leave to now start: |  |
| Employee of QUB: Amended date requested for Shared Parental Leave to now end: |  |
| Spouse/ Partner: Amended date requested for Shared Parental Leave to now start: |  |
| Spouse/ Partner: Amended date requested for Shared Parental Leave to now end: |  |

**DECLARATION (For variation only):**

I consent to the proposed change:

**Employee:**

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**Spouse / Partner:**

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |

**For Shared Parental Leave notification:**

|  |  |
| --- | --- |
| **Employee Signature:**  | **Date:**  |
| **Line Manager Signature\*:** | **Date:** |

**\* Line Manager must sign to confirm employee has informed them about the leave / variation and, if the leave is a discontinuous block, that this has been discussed with them and approved.**

Please note your request to cancel any of the above arrangements must be made to the HR Hub, People and Culture Directorate giving at least **8 weeks** notice.

**All completed forms must be returned to the HR Hub, People and Culture Directorate, Level 4, Administration Building, Queen’s University Belfast, BT7 1NN or email** **hrhub@qub.ac.uk**

Please contact your HR Business Partner if you have any queries regarding Shared Parental Leave and completing the application forms.

**For Official Use only**

|  |
| --- |
| Date received by People and Culture DirectorateDatabase entry  |