## **DECLARATION OF ENTITLEMENT/CHANGE TO SHARED PARENTAL LEAVE (SPL) FORM**

1. This form is for **University of Strathclyde staff** to provide notification of an upcoming period or to change an upcoming period of Shared Parental Leave.
2. Please read the Maternity/Shared Parental Leave Policy and Procedure, available via the University website at the following link: <http://www.strath.ac.uk/hr/policiesandprocedures/familyleavepolicies/> before completing this form.
3. Please complete this form **8 weeks before** the start date of SPL or **8 weeks before** you wish to change any original dates of SPL and send it, fully signed, to; Human Resources, McCance Building, 16 Richmond Street, G1 1XQ or email it to; Humanresources@strath.ac.uk.
4. Please send the original of your or your partners **MATB1 Certificate** or the **Matching Certificate** along with this form when sending to Human Resources, as this is needed to confirm the EWC before payroll can perform the necessary calculations.

To qualify for SPL, you **must**:

* be the mother, father, main adopter or main surrogate of the child, or the partner of the mother or main adopter, or surrogate parent (referred to in this form as the parent)
* have (or share with the other parent) the main responsibility for the care of the child;
* have at least 26 weeks continuous service at the 15th week before the expected week or birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)
* still be in continuous employment until the week before any SPL is taken.

The other parent must have at least 26 weeks continuous employment (employed or self-employed) at the end of the 15th week before the child’s expected due date or date of placement and out of the 66 weeks prior to the relevant week and have average weekly earnings of at least £30 in any 13 weeks.

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| **Section 1: Basic Details** |
| **Your details** – Please complete all the fields |
| **Employee Full Name:** Full Name **Department:** Department**Preferred Contact Email/Tel No:** Contact Email/Number.**MATB1/Matching Certificate supplied**: [ ]  |
| **Your Partner Details –** Please complete all the fields |
| **Full Name**: Full Name **National Insurance Number:** NI Number.**Employer Name:** Employer Name**Employer Address:** Employer Address  |
| **Section 2: Key Dates** |
| Anticipated date of birth (due date or date of placement of child) | **dd/mm/yy** |
| **Shared Parental Leave Details** |
| Shared parental leave can start after the 2 week compulsory maternity/adoption leave period.  |
| I am currently on maternity/adoption leave and I am wishing to curtail my maternity/adoption to take up SPL **OR** |[ ]
| I am currently on SPL and I am wishing to amend my current period(s) of leave |[ ]
| Please enter your curtailment date **NB: You must provide at least 8 weeks notice of your curtailment date** |  **dd/mm/yy** |
| **Total Number of weeks of SPL available** |  |
| **Number of weeks of SPL you intend to take** |  |
| **Number of weeks of SPL your partner intends to take** |  |
| **SPL Request Number (Delete as appropriate)** |  **1st Request** | **2nd Request** | **3rd Request** |
| **Formal Period of Shared Parental Leave notice** You have the right to submit up to 3 requests to book or vary SPL. Please note that once a formal request to take SPL is made, it is binding and a request to change a period of SPL that has already commenced, will count as one of your 2 requests.  |
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| Start Date | End Date |
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| **Section 3: Shared Parental Pay Details** |
| The total amount of Shared Parental Pay (ShPP) which may be available is 39 weeks minus the number of weeks pay already taken by the mother/main adopter/main surrogate parent according to the dates given in Section 2 (nb. in the case of birth, 2 weeks should automatically be deducted as the mother is required by law to take the first 2 weeks after childbirth as maternity leave). |
| **Total number of weeks ShPP available** |  |
| **Number of weeks ShPP you intend to claim** |  |
| **Number of weeks ShPP the other parent intends to claim** |  |
| **Indication of start and end dates of your ShPP periods** |  |
| **Section 4: Return to work** |
| **I intend to return to work following Shared Parental Leave on:**  | **Block 1 return date;** **Block 2 return date;** **Block 3 return date (delete as appropriate)**  |
| **Section 5: Employee Declaration** |
| **I confirm that:**  |
| **1.** | The information provided above is correct. |
| **2.** | I am the mother, father, main adopter or main surrogate parent of the child, or the partner of the mother, main adopter or main surrogate parent. |
| **3.** | I have (or share with the other parent) the main responsibility for the care of the child and I am making this application to take time off work in order to care for the child. |
| **4.** | **I understand that if I receive payment under the Enhanced SPL scheme (other than Statutory SPL pay) it is subject to me returning to work for a minimum of three months following the SPL leave period.** If I am unable to fulfil this requirement, I am aware that the University reserves the right to reclaim the non-statutory element of the SPL pay.  |
| **5.** | I have at least 26 weeks continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’) |
| **6.** | I intend to be in continuous employment until the week before any SPL is taken |
| **7.** | (if I am claiming shared parental pay) I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week |
| **8.** | I agree to inform the University immediately if I cease to meet the conditions for entitlement to SPL or ShPP. |
| **9.** | I/my partner has submitted a curtailment of maternity/adoption leave notice to exercise their right to take Shared Parental Leave. |
| **10.** | Where it is established that a staff member has provided false information or a false declaration e.g. regarding their own or their partner’s eligibility the leave taken by their partner etc., subject to a full investigation, this may be classed as gross misconduct and will be addressed under the disciplinary procedure. Where fraudulent activity is found the University reserves the right to reclaim any payments received from the University or state that the staff member was not entitled to (as well as advise the state accordingly).  |
| Employee Signature: |  | Date: |  |
| Partner Signature: |  | Date: |  |
| Line manager Signature: |  | Date: |  |
| Requests for **discontinuous periods** of SPL will be responded to within 14 calendar days of the request being submitted.Further advice should be sought from your HR Team contact.**Please note: by signing this form you are agreeing to the leave pattern requested in Section 2.** |