**FORM A: MOTHER/PRIMARY ADOPTER**

**NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE (SPL)**

NOTES:

* Before completing this form, please read the Shared Parental Leave (SPL) Policy.
* You should complete Section 1; your partner should complete Section 2.
* NOT LESS THAN 8 WEEKS’ NOTICE MUST BE GIVEN BEFORE THE START OF SPL.
* Partners applying for SPL where the mother works for another employer should complete Form B.
* Applies only for a child due/placed for adoption on or after 5 April 2015.

**Section 1: Please complete the following if you are the MOTHER/PRIMARY ADOPTER of the child:**

|  |  |
| --- | --- |
| **Full Name** | **Employee Number** |
| **Date on which you commenced (or will commence) maternity/adoption leave** |  |
| **Expected week of childbirth/date of placement (or actual date of birth)** |  |
| **Date on which you wish your maternity/adoption leave to end**  **NB. This date must be at least 2 weeks after the birth of your baby** |  |
| **Your partner’s full name** |  |

**Details of Shared Parental Leave (SPL):**

|  |  |
| --- | --- |
| **Maximum number of weeks’ SPL available (i.e. 52 weeks minus the number of weeks’ maternity leave already taken as above)** |  |
| **Maximum number of weeks of Shared Parental Pay (ShPP) available (i.e. 39 weeks minus the number of weeks’ maternity pay already paid)** |  |
| **How much SPL do you and your partner each intend to take (in complete weeks)?** | **Mother:**  **Partner:** |
| **Do you intend to take SPL as one continuous block or multiple discontinuous blocks (please check)?** | ☐**One continuous block**  ☐**Multiple discontinuous blocks** |
| **Please give the start and end dates of the SPL that you intend to take** |  |

**Declaration**

**Please confirm your eligibility by checking the appropriate boxes below and signing the declaration:**

☐I am the mother/primary adopter of the child and will share the care of the child with my partner (named above)

☐I meet the eligibility criteria for shared parental leave (as indicated in the Shared Parental Leave Policy)

☐I meet the eligibility criteria for shared parental pay

☐I will inform the University immediately if I cease to meet the conditions for SPL

☐The information I have provided is accurate

**Signed: Date:**

**Section 2: Please complete the following if you are the FATHER or PARTNER of the Mother/Primary adopter**

|  |  |
| --- | --- |
| **Full name** |  |
| **Address** |  |
| **National Insurance Number** |  |
| **Name and address of employer** |  |

**Declaration**

**Please confirm your eligibility by checking the appropriate boxes below and signing the declaration.**

☐I am the father or I am married to or the partner of the Mother/primary adopter of the child

☐I satisfy the conditions for Shared Parental Leave (see Shared Parental Leave Policy)

☐I confirm the amount of leave the Mother/primary adopter intends to take

☐I will inform the Mother/primary adopter if I cease to satisfy the conditions for SPL

☐I consent to Oxford Brookes University receiving this declaration to process this application for SPL.

**Signed: Date:**

**Line Manager’s Approval**

**The completed form should be sent to the Mother’s line manager who will confirm their decision below (see section 6 of the Shared Parental Leave Policy) and forward to the link HR team (copy to you). Note: if you apply for a single block of leave this will automatically be approved. In other cases, your line manager may wish to exercise their discretion.**

☐I approve this request for Shared Parental Leave.

☐I do not approve this request for the following reasons:

**Signed: Date:**

**Name:**

|  |  |
| --- | --- |
| |  | | --- | | HR Department use only:  Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered on HR System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |