

Appendix A

Notice of Curtailment of Maternity or Adoption Leave

This form should be completed where a Mother is seeking to stop their maternity or adoption leave so that they can opt to take Shared Parental Leave.

Employee Details

Name	
Job Title	
Service	
Assignment (Payroll) Number	
National Insurance Number	

I wish to bring my maternity leave [and statutory maternity pay] to an end to be able to take Shared Parental Leave. I have also completed a Notice of Entitlement and Intention to take Shared Parental Leave.	
I wish to end my maternity leave on:	
I wish my Statutory Maternity Pay (SMP)/Statutory Adoption Pay (SAP) period (if applicable) to end on:	
Signed:	
Dated:	

Notice of Shared Parental Leave Form

Employee Details

Name		
Job Title		
Service		
Assignment (Payroll) Number		
I am	Mother	Partner
National Insurance Number		

Mother/Partner's details

Name	
Employer	
Employer Contact Details	
National Insurance Number	

Maternity or Adoption Leave Details

Maternity or adoption leave started or is expected to start on:	
Maternity or adoption leave expected to end on (and leave curtailment notice submitted):	
Child's birth date or adoption date or expected week of childbirth:	
Number of weeks shared parental leave available:	
Number of weeks shared parental leave pay available (if applicable):	

Please provide a copy of the child's birth or adoption certificate, or the MATB1 certificate where the child is not yet born.

Mother

I intend to take Shared Parental Leave..... (x number of weeks) in complete weeks
from..... and intend to return to work on.....

Partner

I intend to take Shared Parental Leave..... (x number of weeks) in complete weeks
from..... and intend to return to work on.....

OR I would like to request discontinuous periods (a minimum period of one week) of Shared Parental Leave as follows (please provide details overleaf)

.....
.....
.....

Any entitlements to Statutory Shared Parental Leave Pay will be used until pay is exhausted.

Please ensure that you have read and understood the Shared Parental Leave Procedure including the eligibility requirements.

I confirm that as the Mother, I have met the eligibility criteria as detailed in the Shared Parental Leave Procedure:

Mother Signed:.....

Date:.....

I confirm that as the Partner, I have met the eligibility criteria as detailed in the Shared Parental Leave Procedure:

Partner Signed:.....

Date:.....

Please send this form to your Manager.

Information for Managers – please refer to the Shared Parental Leave Policy and Procedure. For further advice, please contact HR.