**MOTHER/PRIMARY ADOPTER NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE (SPL FORM 3)**

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| **YOUR DETAILS** | | | |
| Name: |  | Force No.:  Collar No.: |  |
| Force: | Choose an item. | | |
| **I wish to provide the organisation with an initial indication of my proposed Shared Parental Leave, as well as the required declarations from myself and my partner.** | | | |

**Version Date: 27 October 2021**

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| **SECTION A: MOTHER/PRIMARY ADOPTER** | |
| Partner's name: |  |
| Maternity/Adoption Leave | Started/Expected Date: Click or tap to enter a date.  Ended/Expected Date: Click or tap to enter a date. |
| Expected week of birth/placement: |  |
| Number of remaining weeks in which to take Shared Parental Leave: |  |
| Number of weeks Shared Parental Leave I intend to take: |  |
| Number of weeks Shared Parental Leave my partner intends to take: |  |
| I understand that the first consecutive 37 weeks of Shared Parental Leave is eligible for Shared Parental Pay between my partner and I, subject to the eligibility criteria.  I intend to take shared parental leave on the following dates: | Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks: |
| The total number of weeks and dates for which I will receive Shared Parental Pay (if applicable): | Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks: |
| The total number of weeks and dates for which my partner will receive Shared Parental Pay (if applicable): | Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks:  Start:Click or tap to enter a date.  End: Click or tap to enter a date.  No of Weeks: |

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| **SECTION B: MOTHER/PRIMARY ADOPTERS DECLARATION** | |
| **I satisfy/will satisfy the following eligibility requirements to take shared parental leave:** | |
| 26 weeks continuous employment ending with 15th week before date of birth/beginning of the matching week (adoption only) | Yes  No |
| Will have remained in continuous employment by the week before any period of Shared Parental Leave I take | Yes  No |
| Have/will have joint responsibility for the care of the child | Yes  No |
| Am entitled to Statutory Maternity / Adoption Leave | Yes  No |
| I confirm I have complied with Force maternity/adoption leave curtailment requirements/returned to work before the end of my statutory maternity/adoption leave period, and will comply with the Force Shared Parental Leave notice and evidence requirements | Yes  No |
| The information I have provided is accurate | Yes  No |
| I will immediately inform the organisation if I cease to care for the child | Yes  No |
| **SECTION C: PARTNER’S DECLARATION** | |
| Name: |  |
| Address: |  |
| National insurance number: |  |
| **I satisfy/will satisfy the following eligibility requirements to enable the mother/primary adopter to take Shared Parental Leave:** | |
| I have been employed in at least 26 of the 66 weeks immediately preceding the expected week of childbirth/beginning of the matching week | Yes  No |
| I have average weekly earnings of at least £30 for any 13 of those 66 weeks | Yes  No |
| At the date of the child's birth/placement, I have/will have joint responsibility, with the Mother/Primary Adopter, for the care of the child | Yes  No |
| I am the Partner of the Mother/Primary Adopter | Yes  No |
| I consent to the amount of Shared Parental Leave that the Mother/Primary Adopter intends to take | Yes  No |
| I consent to the Force processing the information provided in this form | Yes  No |

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| **SECTION D: SIGNATURES** | |
| **Signed** (Mother/Primary Adopter): |  |
| **Dated** (Mother/Primary Adopter): | Click or tap to enter a date. |
| **Signed** (Partner): |  |
| **Dated** (Partner): | Click or tap to enter a date. |

**Please submit this form electronically (copying in your line manager) to:**

[HR Operations – Admin (D&C)](mailto:HROperationsAdmin@devonandcornwall.pnn.police.uk) or [.HR Ops Dorset – Admin (Dorset)](mailto:human-resources@Dorset.PNN.Police.uk)

Should you have any queries concerning this form, please contact the relevant HR Operations – Admin Team via email.

**Payroll Queries**

If your query is in relation to your pay, please contact the [Payroll Team](mailto:PayrollTeam@devonandcornwall.pnn.police.uk).

**Resource Management & Duties**

Where appropriate, please copy in the relevant [Resource Management Unit (D&C)](mailto:Resource.ManagementUnit@devonandcornwall.pnn.police.uk) / [Duties Team (Dorset)](mailto:DutiesGRS@Dorset.PNN.Police.uk) or, for CRC staff, [CRC Resource Planning Team (D&C)](mailto:CMCUResourcePlanningTeam@devonandcornwall.pnn.police.uk).