**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) or .HR Ops Dorset – Admin (Dorset)

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.

**Resource Management & Duties**

Where appropriate, please copy in the relevant Resource Management Unit (D&C) / Duties Team (Dorset) or, for CRC staff, CRC Resource Planning Team (D&C).