

**PARTNER – NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE** (SPL Form 4)

**Version Date: 27 October 2021**

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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 the mother. |

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| **SECTION A: PARTNER’S INFORMATION** |
| Mother / Primary Adopter’s name: |       |
| Mother / Primary Adopter’s maternity/adoption leave: | Start Date/Expected Start: | Click or tap to enter a date. |
| Ended/Expected Date: | Click or tap to enter a date. |
| The mother / primary adopter received/is expected to receive statutory maternity/adoption pay for the following: | No. of Weeks: |       |
| 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 the mother/primary adopter intends to take: |       |
| I understand that the first consecutive 37 weeks of Shared Parental Leave is eligible for Shared Parental Pay between the mother/primary adopter and I, subject to the eligibility criteria. I intend to take Shared Parental Leave on the following dates: |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | 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 Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| The total number of weeks and dates for which the Mother/Primary Adopter will receive Shared Parental Pay (if applicable): |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | No. of Weeks |       |

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| **SECTION B: PARTNER’S 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 [ ]  |
| The information I have provided is accurate | Yes [ ]  No [ ]  |
| I am the partner of the mother/primary adopter | Yes [ ]  No [ ]  |
| I will immediately inform the organisation if I cease to care for the child | Yes [ ]  No [ ]  |

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| **SECTION C: MOTHER/PRIMARY ADOPTERS DECLARATION** |
| Name: |       | National insurance No.: |       |
| Address: |       |
| I satisfy/will satisfy the following eligibility requirements to enable my partner 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 my partner, for the care of the child | Yes [ ]  No [ ]  |
| I am entitled to Statutory Maternity/Adoption Leave and Statutory Maternity/Adoption Pay in respect of the child | Yes [ ]  No [ ]  |
| I have curtailed my Maternity/Adoption Leave/returned to work before the end of my statutory maternity/adoption leave period | Yes [ ]  No [ ]  |
| I consent to the amount of Shared Parental Leave that my partner intends to take | Yes [ ]  No [ ]  |
| I will immediately inform my partner if I no longer meet the requirements to curtail my maternity/adoption leave (and pay if applicable) | 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).