



MOWBRAY
Education Trust

FAMILY LEAVE FORMS

Maternity Leave/Adoption Leave/Shared Parental Leave/Parental
Leave/Paternity Leave

Maternity Leave Form

Employee Name:		Payroll Number:	
School/Department:		Job Title:	
Preferred Telephone Number:		Personal Email Address:	
Home Address:			

Please inform HR if your home address or contact details change during your maternity leave.

I wish to inform you that I am pregnant and I intend to take maternity leave as follows:		
Expected week of child birth (EWC):		
Expected date maternity leave period to commence (this cannot be more than 11 weeks before your EWC)		
Expected date maternity leave period to end (this can be changed by giving 8 weeks written notice of new date)		
I enclose my MATB1 certificate:	Yes	No
Details of any annual leave being used directly before maternity leave commences (in the event that baby arrives whilst in a period of annual leave, maternity leave will kick in and this will be added to the end of your maternity leave period)		
Details of any annual leave being used after maternity leave period ends but before I come back		

Option 1: If eligible for Occupational Maternity Pay, do you wish your OMP to be paid during your Maternity Leave, or deferred until your return to work?	Paid Deferred	
Option 2: I am not intending to return back to work at the end of my maternity leave		
Declaration:		
I confirm that I have discussed my maternity leave with my line manager and that the information contained on this form is accurate. I accept that if I am unable to return to work for at least 13 weeks, I will have to repay the half pay element of my maternity leave.		
Employee Signature:		Date:
Headteacher/Head of School/Manager Signature:		Date:

Please return the completed form to the HR Department at hr@mowbrayeducation.org

Paternity Leave Forms (Maternity and Adoption)

First Name:	Surname:
School/Department	Job Title:
Payroll Number:	Contact Number:
Home Address:	
I wish to inform you that I intend to take Paternity Leave as follows:	
Expected date paternity leave period to commence*:	
Expected return to work date **:	
Expected week of childbirth (EWC) or expected date of placement for adoption:	
*Paternity leave cannot begin prior to the baby's birth/date of placement for adoption, but you can state that you wish your paternity leave to start on the day your child is born	
**Paternity leave must be taken in a block of either 1 or 2 weeks (7 or 14 calendar days)	
I declare that I:	
<input type="checkbox"/> I am responsible for the upbringing of the child <input type="checkbox"/> The secondary adopter named on the matching certificate <input type="checkbox"/> I intend to apply for a parental order within 6 months of child's birth	
<input type="checkbox"/> Will take time off to care for the child	
<input type="checkbox"/> Have provided a copy of the MATB1/matching certificate with this form	
Please ensure you have discussed this with your line manager and provided them with a copy of the form.	
Signed:	Date:

Please return the completed form to the HR Department at hr@mowbrayeducation.org

Adoption Leave Form

Employee Name:		Payroll Number:	
School/Department:		Job Title:	
Preferred Telephone Number:		Personal Email Address:	
Home Address:			

Please inform HR if your home address or contact details change during your adoption leave.

I wish to inform you that I have been matched with a child and intend to take adoption leave as follows:		
Expected date of placement:		
Expected date adoption leave period to commence (this cannot be more than 14 days prior to placement)		
Expected date adoption leave period to end (this can be changed by giving 8 weeks written notice of new date)		
I enclose my matching certificate:	Yes	No
Details of any annual leave being used directly before adoption leave commences		
Details of any annual leave being used after adoption leave period ends but before I come back		
The date I will be back in the workplace		

Declaration:		
I confirm that I have discussed my adoption leave with my line manager and that the information contained on this form is accurate.		
Employee Signature:		Date:
Headteacher/ Head of School/ Manager Signature:		Date:

Please return the completed form to the HR Department at hr@mowbrayeducation.org

Parental Leave Form

Employee Name:		Job Title:	
School/Department		Manager:	
Employment Start Date:		Payroll Number:	
Home Address:		Contact number:	

Details of parental leave request:			
Child's Name:		Child's Date of Birth:	
Amount of parental leave already taken previously in respect of the above named child:			
Parental Leave Starts:		Parental Leave Ends:	
Date of Placement (if applicable):			

Details of Parental Bereavement leave request:			
Child's Name:		Child's Date of birth:	
Amount of parental leave already taken previously in respect of the above named child:			
Parental Leave Starts:		Parental Leave Ends:	
Date of Placement (if applicable):			

Employee Declaration:
<input type="checkbox"/> I understand that irrespective of how many days taken of a week it will be classed as a week's Parental Leave, unless the child is disabled.
<input type="checkbox"/> I am aware that a period of parental leave will be unpaid and that appropriate adjustments will be made to my salary to reflect this.

I have provided a copy of the child's birth certificate/matching certificate/MATB1/parental order/document showing disability/Child's death certificate

I understand that the Trust may postpone the period of leave requested by up to six months, where the leave does not coincide with the expected week of my child's birth or adoption, and the business would otherwise be unduly disrupted.

Employee Signature:

Date:

Shared Parental Leave - Maternity

Shared Parental Leave forms (Maternity)

Template forms for the birth parent or mother and their partner to confirm Shared Parental Leave (SPL) and Shared Parental Pay (ShPP) entitlement with their employers.

Forms below that need to be completed if...			
	both parents want to take SPL	just the birth parent wants to take SPL	just the partner wants to take SPL
Form 1	Yes	Yes	Yes
Form 2	Yes	Yes	No
Form 3	No	No	Yes
Form 4	Yes	No	Yes

- See advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep a copy of any completed forms.
- Employers might have their own SPL forms for employees to use.
- If the birth parent is getting Maternity Allowance (MA), they need to notify Jobcentre Plus to curtail this entitlement.

Abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SMP Statutory Maternity Pay
MA Maternity Allowance

Form 1: Curtailment of maternity leave and pay (for birth parent's employer – must be completed by birth parent/ mother)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP.	
I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B.	
I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C.	
Birth parent/ mother's last name	
Birth parent/ mother's first name(s)	
Expected date of child's birth	
Actual date of child's birth (if born)	
SECTION B: Curtailing maternity leave (must be completed)	
Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends	
SECTION C: Curtailing statutory maternity pay (SMP) (only if claiming ShPP)	
Start date of SMP	
End date of SMP	
Total number of weeks of SMP paid by date SMP ends	
SECTION D: Signature (must be completed)	
Signature of birth parent/ mother	
Date signed	

Form 2: Notification that birth parent or mother is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the birth parent/mother) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Birth parent/mother's last name	
Birth parent/mother's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before taking SPL)	
SECTION B:	
Maternity entitlement details (all answers that apply must be completed)	
Start date of statutory maternity leave	
End date of statutory maternity leave	
Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends	
Start date of SMP or MA	
End date of SMP or MA	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	
SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	

Total number of weeks of SPL I (the birth parent/mother) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D: Birth parent/mother's leave plans (must be completed but is not binding)	
I (the birth parent/ mother) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION E: Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the birth parent/mother) intend to take	
Total number of weeks of ShPP my partner intends to take	
I (the birth parent/mother) currently expect to take ShPP as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION F: Birth parent/ mother's declaration (must be completed)	
The following points apply in all circumstances where a mother is entitled to maternity leave:	
<ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL • I will inform my employer immediately if I am no longer caring for my child • I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice • I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice 	

- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I intend to care for my child in the weeks I receive ShPP
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA
- The information provided in this declaration is accurate

Signature of birth parent/ mother	
Date signed	

**SECTION G:
Partner's declaration (must be completed)**

- I am the father of the child, or at the date of the birth I was (or will be) the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother)
- I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
Date signed	

Form 3: Notice confirming that partner is taking SPL but birth parent/mother is not (for birth parent/mother's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the birth parent/ mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Birth parent/ mother's last name	
Birth parent/ mother's first name(s)	
SECTION B:	
Confirmation	
<ul style="list-style-type: none"> • I am either not entitled to SPL (or ShPP, where relevant), or I do not intend to take SPL (or claim ShPP, where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP • I consent to my partner's claim for SPL and/or ShPP 	
SECTION C:	
Signature (must be completed)	
Signature of birth parent/ mother	
Date signed	

Form 4: Notification that partner is intending to take SPL (for partner's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's last name	
Partner's first name(s)	
Birth parent/ mother's surname	
Birth parent/ mother's first name(s)	
Birth parent/ mother's address	
Birth parent/ mother's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
SECTION B:	
Maternity entitlement details (all answers that apply must be completed)	
Start date of birth parent/ mother's maternity leave (if applicable)	
End date of birth parent/ mother's maternity leave (if applicable)	
Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
Start date of SMP or MA (if applicable)	
End date of SMP or MA (if applicable)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks SMP or MA will be reduced by (39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

SECTION C:**Amount of SPL available (must be completed)**

The total number of weeks of SPL created depends on the birth parent/ mother's leave and pay entitlements.

- If the birth parent/ mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the birth parent/ mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the birth parent/ mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid
- If the birth parent/ mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner) intend to take	
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Total number of weeks of SPL the mother intends to take (if applicable)	
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SECTION D:**Partner's leave plans (must be completed but is not binding)**

I (the partner) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

SECTION E:**Amount of ShPP available (only if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the partner) intend to take	
--	--

Total number of weeks of ShPP the birth parent/ mother intends to take	
--	--

I (the partner) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

SECTION F:

Partner's declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the father of the child, or at the time of the birth I was (or will be) the birth parent/mother's spouse, civil partner and/or partner living with them and the child in an enduring relationship
- I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for the care of our child at the time of the child's birth (along with the child's birth parent/ mother who has made the declaration below)
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of the birth parent/ mother's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes their notice to curtail her maternity leave or SMP/MA period
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I intend to care for my child in the weeks I receive ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner

Date partner signed

SECTION G:**Birth parent/ mother's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- The information provided in this declaration is correct

Signature

Date signed

Shared Parental Leave – Adoption

Shared Parental Leave forms (Adoption)

Template forms for the primary adopter who's taken adoption leave and/or pay and their partner to confirm entitlement to Shared Parental Leave (SPL) or Shared Parental Pay (ShPP) with their employers.

Forms below that need to be completed if...			
	both parents want to take SPL	just the primary adopter wants to take SPL	just the partner wants to take SPL
Form 1	Yes	Yes	Yes
Form 2	Yes	Yes	No
Form 3	No	No	Yes
Form 4	Yes	No	Yes

- Find advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep copies of any completed forms
- Employers might have their own forms for employees to use.

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay

Form 1: Curtailment of adoption leave and pay (for primary adopter's employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/ or SAP. This form is accompanied by a notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave will end on the date given in section B and my SAP will end on the date given in section C, unless my notice is revoked or there's no entitlement.	
Primary adopter's last name	
Primary adopter's first name(s)	
Expected date of child's placement	
Actual date of child's placement (if known)	
SECTION B: Curtailing adoption leave (must be completed)	
Statutory adoption leave start date	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave taken by the date statutory adoption leave ends	
SECTION C: Curtailing adoption pay (only if claiming ShPP)	
SAP start date	
SAP end date	
Total number of weeks SAP paid by the date SAP ends	
SECTION D: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 2: Notification that primary adopter is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Primary adopter's last name	
Primary adopter's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Date adopter was informed of being matched for adoption	
Expected date of child's placement	
Actual date of child's placement (if child not yet placed provide this as soon as possible after placement and before SPL)	
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave	
End date of statutory adoption leave	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	
End date of SAP	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the primary adopter) intend to take	
Total number of weeks of SPL partner intends to take	

SECTION D:**Primary adopter's leave plans (must be completed but is not binding)**

I (the adopter) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

SECTION E:**Amount of ShPP available (only if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the primary adopter) intend to take	
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Total number of weeks of ShPP partner intends to take	
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I (the primary adopter) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

SECTION F:**Adopter's declaration (must be completed if primary adopter is entitled to adoption leave)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL
- I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date the adoption agency expects to place the child with me
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

The following points only apply if section E is completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child

- I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP
- The information provided in this declaration is accurate

Signature of primary adopter	
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Date signed	
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SECTION G:

Partner's declaration (must be completed)

- I am the primary adopter's spouse, civil partner or partner living with them and the child in an enduring relationship
- I had (or will have) shared responsibility for the child at the time of the placement (along with the primary adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which we were notified of being matched for adoption with the child
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL the primary adopter intends to take, in section D above
- I consent to the primary adopter's employer processing the information I have provided
- I consent to the amount of ShPP the primary adopter intends to take, in section E above
- The information provided in this declaration is accurate

Signature of partner	
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Date signed	
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Form 3: Notice confirming partner is taking SPL but primary adopter is not (for primary adopter's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Primary adopter's last name	
Primary adopter's first name(s)	
SECTION B:	
Confirmation	
<ul style="list-style-type: none"> • I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP, where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP • I consent to my partner's intended claim for SPL and/or ShPP 	
Signature (must be completed)	
Signature of primary adopter	
Date signed	

Form 4: Notification that partner is intending to take SPL (for partner's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's last name	
Partner's first name(s)	
Primary adopter's last name	
Primary adopter's first name(s)	
Primary adopter's address	
Primary adopter's National Insurance number (put 'none' if no number is held)	
Date informed of being matched for adoption	
Expected date of child's placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave (if applicable)	
End date of statutory adoption leave (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Start date of SAP (if applicable)	
End date of SAP (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C:**Amount of SPL available (must be completed)**

The total number of weeks of SPL created depends on the adopter's leave and pay entitlements:

- If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken
- If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner) intend to take	
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SECTION D:**Partner's leave plans (must be completed but is not binding)**

I (the partner) currently expect to take SPL as follows:

[Note: It can help to answer this as 'from...to...']

SECTION E:**Amount of ShPP available (only complete if claiming ShPP)**

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the partner) intend to take	
--	--

Total number of weeks of ShPP primary adopter intends to take	
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I (the partner) currently expect to take ShPP as follows:

[Note: It can help to answer this as 'from...to...']

SECTION F:**Partner's declaration (must be completed)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for our child at the time of the child's placement (along with the primary adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner

Date signed

SECTION G:**Adopter's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) shared responsibility for the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in section D above
- I consent to my partner's employer processing the information I have provided

- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if section E has been completed:

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in section E above
- I consent to the person who will pay ShPP to my partner processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of primary adopter	
Date signed	