

CURTAILMENT NOTICE

To be completed by the Mother only.

Please complete and return this form to your manager.

This form is to inform SEStran that you wish your maternity leave/pay to end in order that the person who shares the main responsibility to care for your child can take shared parental leave.

You must give at least 8 weeks' notice of your curtailment date. If you are entitled to maternity leave, the curtailment date must be at least two weeks after the birth of your child.

I wish my maternity/adoption leave to end on:(insert date)

Name	
Employee No	
Job Title(s)	
Signature	
Date	

Please note: This form is only notification that you wish to curtail your maternity leave. You are required to complete a Notice of Entitlement and Intention Form. This form can be completed and handed in at the same time as your curtailment notice.

(*) If you have 2 or more jobs either with SEStran (or with SEStran and another employer) you are required to curtail your maternity leave in all posts.

Please ensure that all your job titles are noted in this Curtailment Notice

Notice of Entitlement and Intention to Take Shared Parental Leave

If you wish to take shared parental leave, then you must submit this form to your manager at least **8 weeks** before the start of the first period of shared parental leave. If you are the mother, you must also complete a curtailment notice confirming you are bringing your maternity leave to an end.

In order to calculate the amount of shared parental leave you are eligible for please complete the following.

Employee Name:	
Employee No:	
Job Title(s):	
Date on which maternity / adoption leave commenced / will commence	

Declaration:

I confirm that I am the mother/main adopter of the child;

Or

I confirm that I am the partner of the mother/main adopter of the child:

And

I confirm that I meet the eligibility criteria for shared parental leave (as per Section 3.5.2 of the Policy).

Signed:	Date:
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Note (Mother only): If you have 2 or more jobs either with SEStran (or with SEStran and another employer) you are required to curtail your maternity leave in all posts.

Note (Partner only): If you have 2 or more jobs with SEStran you are required to give notice for shared leave in both posts. If you have one post with SEStran and one with another employer you can decide if you wish to take shared leave from all posts.

(*) You are required to highlight details of all your posts in the Curtailment Notice.

Appendix 3

SHARED PARENTAL LEAVE BOOKING NOTICE

This form should be completed should you wish to book shared parental leave. You must give at least 8 weeks' notice of any dates in which you wish to take as shared leave.

Name	
Employee No	

A. Date in which you (or the mother/adopter) has curtailed their maternity leave		
B. Number of weeks maternity or adoption leave taken by the mother/ adopter.	<u>Start Date</u>	<u>End Date</u>
C. Remaining number of weeks of shared parental leave available (52 weeks minus the number of weeks taken according to the above dates) (<i>e.g. 52 – B above</i>)		
D. Maximum number of weeks of shared parental pay available (39 weeks minus the number of weeks taken according to the above dates) (<i>e.g. 39 – B above</i>)		
E. Total number of shared parental leave/pay you intend to take	<u>Shared Parental Pay</u>	<u>Shared Parental Leave</u>
F. Total Number of weeks of Shared parental leave/pay the other parent intends to take.	<u>Shared Parental Pay</u>	<u>Shared Parental Leave</u>

Requested Shared Parental Leave / Pay Dates

Start date	End date	Number of weeks leave	Number of weeks pay (if applicable)

Declarations

By the Employee

Please confirm your eligibility by ticking the appropriate boxes below and signing the form

- I am the mother, father or main adopter of the child and will share the care of the child with my partner named below
- I meet the eligibility criteria for shared parental leave

If appropriate:

- I meet the eligibility criteria for shared parental pay
- I am the mother or main adopter and have completed the **notice of curtailment of maternity / adoption leave** section and understand that this is **binding** subject to certain conditions outlined in the policy
- I consent to you retaining and processing the information contained in this form

Signed: _____ Date: _____

For completion by the Employee's Partner

Name	
Address	
Name and Address of Employer	
National Insurance Number	

I confirm that I meet the following criteria for eligibility for shared parental leave:

- I have worked either directly, for an agency or self-employed, for 26 weeks in the 66 weeks leading up to the due date.
- I have earned above the maternity allowance threshold of £30 a week in 13 of the 66 weeks leading up to the due date.
- I consent to your employee taking shared parental leave and shared parental pay as detailed above.

If appropriate:

- I am the mother / main adopter and confirm I have curtailed my maternity / adoption leave and pay with my employer (or will have done so by the time your employee takes shared parental leave).
- I consent to you retaining and processing the information contained in this form.

Signed: _____ Date: _____

Notice to Vary a Period of Shared Parental Leave

You should complete this form if you wish to vary a previously approved period of shared parental leave.

You must have previously submitted a **Booking Notice for Shared Parental Leave** (Appendix 8) and have had your eligibility for shared parental leave confirmed.

Name	
Employee No: <i>(if employed by SEStran)</i>	
Name of Partner	

Request to Vary Previously Requested Parental Leave / Pay Dates

Previously Approved Start date	Previously Approved End date	Detail the change you would like to request (Including start and end dates)

We confirm that we agree to the request as per the variation outlined above.

Signed: (Employee)_____ Date:_____

Signed: (Employee's Partner)_____ Date:_____