Shared Parental Leave forms (Maternity)

Template forms for the mother or birth parent 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 mother or 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

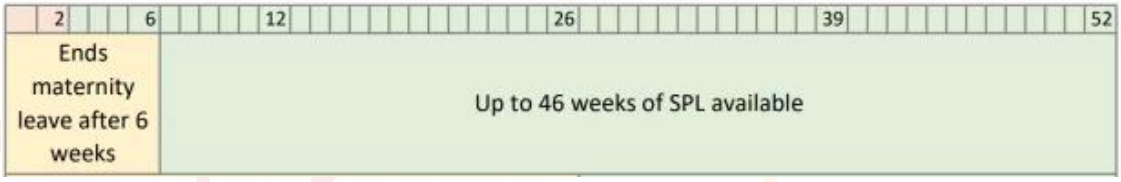
- See advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep a copy of any completed forms.
- Employers might have their own SPL forms for employees to use.
- If the mother or birth parent is getting Maternity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

Abbreviations used in these forms:

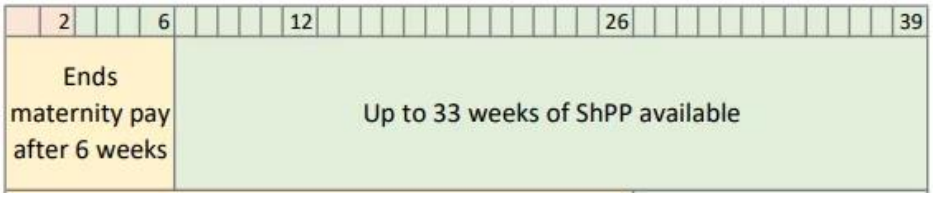
SPL	Shared Parental Leave
ShPP	Statutory Shared Parental Pay
SMP	Statutory Maternity Pay
MA	Maternity Allowance

Curtailment of Maternity Leave is the process of shortening the existing leave. The birth parent will end or 'curtail' their maternity leave and pay, and the remainder can then be shared between both parents.
Statutory Maternity Leave lasts for a maximum of 52 weeks.
Statutory Maternity Pay lasts for a maximum of 39 weeks.

For example



The birth parent ends maternity leave after 6 weeks. There are now 46 weeks of SPL available to give to, or share, with the other parent.



The birth parent ends maternity pay after 6 weeks. There are now 46 weeks of pay available to give to, or share with, the other parent.

The first two weeks of leave and pay are compulsory and cannot be shared.

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

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.	
Mother or birth parent's last name	
Mother or birth parent'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 This is the date that the maternity leave will curtail. The remaining weeks can be shared between parents.	
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends Statutory Maternity Leave lasts for a maximum of 52 weeks.	
SECTION C: **Curtailing statutory maternity pay (SMP) (only if claiming ShPP)**	
Start date of SMP This is usually the same as the statutory maternity *leave* start date.	
End date of SMP This is the date that the maternity pay will curtail. The remaining weeks can be shared between parents.	
Total number of weeks of SMP paid or will have been paid at date of curtailment	

Statutory Maternity Pay lasts for a maximum of 39 weeks.	
SECTION D: **Signature (must be completed)**	
Signature of mother or birth parent	
Date signed	

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

SECTION A: **General (must be completed)**	
Please accept this as notification that I (the mother or birth parent) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother or birth parent's last name	
Mother or birth parent'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) 39 weeks minus the 'Total number of weeks SMP/MA has been paid or will be 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 mother or birth parent) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D: **Mother or birth parent's leave plans (must be completed but is not binding)**	
I (the mother or birth parent) 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 mother or birth parent) intend to take	
Total number of weeks of ShPP my partner intends to take	
I (the mother or birth parent) currently expect to take ShPP as follows: [Note: It can help to answer this as 'from…to…']	
SECTION F: **Mother or birth parent's declaration (must be completed)**	
The following points apply in all circumstances where a mother or birth parent is entitled to maternity leave: • 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 mother or birth parent	
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 or birth parent's spouse, the mother or birth parent's civil partner and/or the mother or birth parent'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 or birth parent)
- 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 or birth parent intends to take, as set out in Section D above.
- I consent to the mother or birth parent's employer processing the information I have provided
- I consent to the amount of ShPP which the mother or birth parent 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 mother or birth parent is not (for mother or birth parent's employer)

SECTION A: **General (must be completed)**	
Please accept this as notification that I (the mother or birth parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
SECTION B: **Confirmation**	
• 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 mother or birth parent	
Date signed	

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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)	
Mother or birth parent's surname	
Mother or birth parent's first name(s)	
Mother or birth parent's address	
Mother or birth parent'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 mother or birth parent's maternity leave (if applicable)	
End date of mother or birth parent'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 mother or birth parent's leave and pay entitlements. • If the birth mother or birth parent was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother or birth parent 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 mother or birth parent 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 mother or birth parent 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)	
Total number of weeks of SPL I (the partner) intend to take	
Total number of weeks of SPL the mother or birth parent intends to take (if applicable)	
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)	
Total number of weeks of ShPP I (the partner) intend to take	
Total number of weeks of ShPP the mother or birth parent 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 mother or birth parent'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 mother or birth parent 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 mother or birth parent'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:
Mother or birth parent'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	

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