

PERIOD OF LEAVE NOTICE

Section A - Employee details

Full name

Post title

Department

Section B - Confirmation of Dates

I intend to take shared parental leave on the following dates:
(please include the start and end dates for each period of leave you intend to take)

Will this be continuous or discontinuous leave?

Continuous

Discontinuous

Is this a new period of leave or a variation?

New period

Variation

If you have taken maternity/ adoption leave:

I have complete a maternity/adoption curtailment notice

Yes

No

I wish my maternity/adoption leave to end on

Section C - Declaration (to be signed by the employee)

I understand that:

- You can request to take shared parental leave in one continuous block (in which case the Council is required to accept the request as long as you meet the eligibility and notice requirements), or as a number of discontinuous blocks of leave (in which case you need the organisation's agreement).
- A maximum of three requests for leave per pregnancy/adoption can normally be made by each parent.
- The start date of the first period of leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.
- This notice is to confirm to the Council the shared parental leave you intend to take. You must have already submitted a notice of entitlement and intention before using this form.
- The Council recognises that employees' plans can change. However, it is recommended that you and your partner think carefully about your shared parental leave before submitting this form, as opportunities to amend these requests are limited.
- You and your partner must take any shared parental leave within 52 weeks of the birth of your child.

Signed

Date

Section D - Declaration (to be signed by the partner)

I understand that:

- I agree to the employee claiming ShPP and for the organisation to process any ShPP payments to the employee
- In the case where the partner is the mother/adopter that they have reduced their maternity/ adoption pay or maternity allowance
- In the case where the partner is the mother/adopter that they will immediately inform their partner should they cease to satisfy the eligibility conditions

Name

Signed

Date

Section E – to be completed by Line Manager

Name

Job Title

Date

Once completed, please forward this form to Employee Services:

employeeservices@eastdunbarton.gov.uk