

SAMPLE Shared Parental Leave & Shared Parental Pay Application Form



For a Mother or Expectant Mother

Please refer to the Shared Parental Leave & Pay Policy when completing this form.

If completed correctly this form will capture all information that is necessary for your application.

As a matter of policy, only an application made using this form and including answers to all compulsory fields will be considered. Compulsory fields are marked with an asterisk.

The person who will share care responsibility with you and is your partner (married, civil or otherwise) or the father of the baby, is referred to in this Form as the 'Care Partner'.

Please note that this Form must be completed and signed by the Mother and the Care Partner.

Employee Details

Full Name:*

Job Title:

Line Manager:

Continuity of Employment

Notes: In order to qualify for SPL you must have been employed for more than 26 weeks in the 15th week before the Expected Week of Childbirth. However, if your baby is born earlier than the Expected Week of Childbirth this will not affect your entitlement.

The Expected Week of Childbirth is the 7 day period, beginning on a Sunday and ending on a Saturday, in which your MATB1 Form says your baby is due to be born.

Your Expected Birth Date is:*	The Expected Week of Childbirth is:*	The 15th week before the EWC begins on Sunday:*	Your employment commenced on:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please confirm you have been employed for more than 26 weeks:*

Please confirm that you intend to remain employed until you commence the period of SPL applied for:*

Care Responsibility

Notes: Together with your Care Partner you must be the main person responsible for the care of your baby. If at any time during a period of SPL you cease to be the main person responsible for the care of your baby you must inform the Employer immediately.

You confirm that you are / will be the main person responsible for the care of your baby (apart from the responsibility of your Care Partner) and hereby undertake to inform the Employer immediately if this changes:*

Entitlement to Statutory Maternity Leave

Notes: In order to qualify for SPL you must be entitled to Statutory Maternity Leave (SML) and end your period of SML in one of the ways below.

SML refers to both Ordinary Maternity Leave (OML) (i.e. the first 26 weeks of leave) and Additional Maternity Leave (AML) (i.e. the second 26 weeks of leave).

Please confirm you are entitled to SML:*

Your SML has ended / will end because:*

Evidence Requirements

Notes: When you give 'Notice of Entitlement and Intention to take SPL' (see below) the Employer may request a copy of the birth certificate within 14 days of your notice and you must provide this within 14 days of such a request. If a copy of the birth certificate has yet to be issued you may give a declaration stating the date and location of the baby's birth and confirming that a birth certificate has yet to be issued.

The Employer may also request the name and address of your Care Partner's employer within 14 days of your notice and you must provide these details within 14 days of such request.

If your Care Partner has no employer you must make a declaration to this effect.

You hereby confirm that you have complied or will comply with the Evidence Requirements noted above and that you understand that if you fail to do so you will not be entitled to SPL:*

< *Sample Ends* >