

APPENDIX B

Indication of Shared Parental Leave and Pay

Please complete the following table to provide your manager with an indication of how you intend to arrange your shared parental leave and pay with your partner:

KEY	
M	Payable Maternity Leave
P	Payable Paternity Leave
S	Payable Shared Parental Leave
US	Unpaid Shared Parental Leave

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
You																											
Partner																											

Week	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	
You																											
Partner																											

Example:

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
You	M	M	M	M	M	M	M	M	M	M	M	M							S	S	S	S	S	S	S	S
Partner	P	P											S	S	S	S	S	S								

Week	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
You	S	S	S	S					S	S	S	S	S							US	US	US	US	US	US	US
Partner					S	S	S	S						US	US	US	US	US	US							

Section B: Declaration to be completed by employee**I [SATISFY/WILL SATISFY] THE FOLLOWING ELIGIBILITY REQUIREMENTS TO TAKE SHARED PARENTAL LEAVE:**

	Tick
I [have/will have] 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of shared parental leave that I take, I will have remained in continuous employment with Velindre NHS Trust (or hosted organisations).	
At the date of the child's birth, my partner and I [have/will have] the main responsibility, for the care of the child.	
I am entitled to statutory [maternity leave/paternity leave] in respect of the child.	

The information that I have provided is accurate and I will inform Velindre NHS Trust (or hosted organisation) if the information changes throughout the duration of the Shared Parental Leave period.	
I will immediately inform Velindre NHS Trust (or hosted organisation) if I cease to care for the child.	
[I have/My partner has] curtailed [my/their] maternity leave and returned to work before the end of [my/their] statutory maternity leave period	

Section C: Declaration to be completed by employee's partner

1) Name:	
2) Address:	
3) National Insurance Number:	
4) Employer Name and Address (if applicable):	

	Tick
I have been employed or self employed in at least 26 weeks of the 66 weeks immediately preceding the expected week of childbirth.	
I have average weekly earnings of at least £30 for any 13 of those 66 weeks.	
At the date of the child's birth, my partner and I [have/will have] the main responsibility for the care of the child.	
I am entitled to statutory [maternity leave/paternity leave] in respect of the child.	

I am the [mother/father/main care giver] of the child, or I am married to the [mother/father] of the child, or I am the [civil partner/partner] of the [mother/father].	
I consent to the amount of shared parental leave that my partner intends to take.	
I consent to Velindre NHS Trust (or its hosted organisation) processing the information provided in this form.	
I will inform my partner of any changes to this form throughout the duration of the Shared Parental Leave period.	

Section D: Signatures

Signed:
(Employee)

Dated:
(Employee)

Signed: **(Partner)**

Dated: **(Partner)**

Authorisation by Manager

I confirm the employee is eligible for shared parental leave and have informed the employee that in order to invoke shared parental leave a curtailment notice must have been provided as well as the completion of a period of shared parental leave notice (appendix F)

Manager Print Name..... Signed.....

Job Title.....Date.....

Following authorisation please send this form to the Workforce Department as soon as possible. Please ensure the employee retains a copy for their records.

Notes

The start date of the first period of shared parental 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 allow Velindre NHS Trust (or hosted organisations) to check that you are entitled to shared parental leave. The notice is not binding and you must give Velindre NHS Trust (or hosted organisations) a period of leave notice (appendix E) at least eight weeks before the first period of shared parental leave in that notice that you wish to take.

NOTICE TO CURTAIL MATERNITY/ADOPTION LEAVE

Name of Employee	
Job Title	
Employee No.	

I wish to bring my [ordinary/additional] [maternity/adoption] leave (and statutory [maternity/adoption] pay) to an end to be able to take Shared Parental Leave. I have also completed the Notice of Entitlement Form declaring that both my partner and I are entitled to Shared Parental Leave and my partner has also provided a Notice of Entitlement to [his/her] employer. I consent to the amount of leave that my partner has agreed to take as outlined within the Notice of Entitlement Form.

I wish to end my [ordinary/additional] [maternity/adoption] leave and pay to end on:	
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Signed:

Dated:

Authorisation by Manager

I confirm the employee's [maternity/adoption] leave will end on _____

Manager Print Name..... Signed.....

Job Title.....Date.....

Following authorisation please send this form to the Workforce Department as soon as possible. Please ensure the employee retains a copy for their records

Notes

You should complete and submit this form alongside Velindre NHS Trust's Notice of Entitlement Form (Appendix B/C).

Please think very carefully before you submit this form. Once the form is submitted, you can only revoke it in limited circumstances.

The date on which you end your maternity/adoption leave must be at least:

- eight weeks after the date on which you provide this notice to Velindre NHS Trust;
- two weeks after you give birth/been placed with a child; and
- one week before what would have been the end of additional maternity/adoption leave.