Family Leave - Shared Parental Leave
Formal notice to book leave

KALEIDOSCOPE
Multi Academy Trust

This form may be submitted alongside the Notice of Entitlement form.

The total amount available is 52 weeks minus the number of weeks leave / pay already taken by the mother / main adopter according to the dates given in 'Stage 1 – Notice of Entitlement'.

This form must be submitted to your manager **8 weeks before** the relevant period of Shared Parental Leave is due to commence.

This is my [*first / *second / *third **delete as applicable*] notification to book a period Shared Parental Leave.
(You are entitled to submit up to three separate notices to book a 'period of leave', inclusive of any variations or cancellations of leave. You may request that the 'period of leave' be continuous (i.e. that you take it in one continuous block) or discontinuous (i.e. that you take it in more than one block and return to work inbetween blocks). For further information about booking 'periods of leave' see our Shared Parental Leave Guidance.

Employee name:	**Employee payroll number:**
Job title:	**School:**
My current remaining entitlement to SPL is:	**My current remaining entitlement to Shared Parental Pay is:**

Continuous leave / pay request (all requests for continuous leave will be accepted)

Leave start date:	**Leave end date:**
Total weeks to be taken:	
Physical return date: (opportunity to take into account accrued annual leave)	
Pay start date:	**Pay end date:**
Total weeks to be paid:	
Employee signed:	**Date:**
Manager signed:	**Date:**

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Discontinuous leave / pay request (all requests for discontinuous leave will be considered under the school's Family Leave Policy but the School may refuse a request for discontinuous leave or propose alternative dates)

Leave start date 1:	**Leave end date 1:**
Leave start date 2:	**Leave end date 2:**
Leave start date 3:	**Leave end date 3:**
Total weeks to be taken:	
Physical return date: (opportunity to take into account accrued annual leave)	
Pay start date:	**Pay end date:**
Total weeks to be paid:	
Employee signed:	**Date:**
Manager authorised: Yes ☐ **No** ☐ **If no; give reason(s):**	**Name:** **Date:**

Once authorised please e-mail or return to the School or to the School's Payroll provider.