Family Leave - Shared Parental Leave Notice of Entitlement

KALEIDOSCOPE
Multi Academy Trust

This form must be submitted to your line manager and the School's Payroll provider **8 weeks before** the intended start date of Shared Parental Leave (SPL).

Please ensure you have completed the 'Notification to end maternity / adoption leave' form.
For information on eligibility for Shared Parental Leave and Pay and on Shared Parental Leave and Pay entitlements please see our Shared Parental Leave Guidance.

Stage 1a - Employee application

Employee name:	**Employee payroll number:**
Job title:	**School:**
I am the Choose an item. of the child	
Child's expected date of birth / placement:	
Child's actual date of birth / placement: (if known)	
Start date of statutory maternity / adoption leave:	
End date of statutory maternity / adoption leave:	
Remaining number of weeks SPL available: (The total amount available is 52 weeks minus the number of weeks leave already taken by the mother / primary adopter)	
Start date of statutory maternity / adoption pay:	
End date of statutory maternity / adoption pay:	
Remaining number of weeks Shared Parental Pay available: (The total amount available is 39 weeks minus the number of weeks leave already taken by the mother / primary adopter)	

Intentions for Shared Parental Leave

Number of weeks you intend to take:
Number of weeks your partner intends to take:
Total weeks to be taken:
Your intended start date:
Your intended end date:

Declaration:

- I am the mother / primary adopter / the partner of the mother / primary adopter
- I will be sharing the responsibility for the care of the child
- I have / the mother / primary adopter has, given notice to end the maternity / adoption leave
- I meet the continuity of employment test
- I will notify my employer immediately should I / my partner cease to be eligible

• To my knowledge the information given is accurate, and I understand providing incorrect information may result in disciplinary action	
Signed:	**Date:**

Continue to Stage 1b – Partner application.

Stage 1b - Partner application

Partner's name:	**National Insurance number:**
Home address:	
I am the Choose an item. of the child	
Employers name / address:	
Employers contact details:	
Declaration: • I will be sharing the responsibility for the care of the child • I am / the mother / primary adopter is entitled to statutory maternity / adoption leave / pay • I have / the mother / primary adopter has, given notice to end the maternity / adoption leave / pay • I meet the criteria for the employment and earnings test • I consent to the leave and pay my partner is seeking to receive • I consent to my partner's employer processing the information in the declaration • I consent to North Somerset Council contacting my employer • I will notify my partner immediately should I cease to be eligible • The information my partner and I have given is accurate	
Signed:	**Date:**

Once both stages are complete please e-mail or return to the School or to the School's Payroll provider.