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| **NOTICE OF CURTAILMENT OF MATERNITY/ADOPTION LEAVE** |

You only need to complete this form if you are curtailing your maternity/adoption leave (i.e. before the end of the 52 week period) in respect of a child expected to be born or matched for adoption on or after 5th April 2015 in order to opt in to Shared Parental Leave.

If this applies to you, this form should be completed and given to your Line Manager **8 weeks before the start of the first period of Shared Parental Leave to be taken by the mother**.

1. **PERSONAL DETAILS**

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| **NAME (in full):** |  |
| **PAY NUMBER:** |  |
| **HOME ADDRESS:** |  |
| **SERVICE AND DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |
| **DATE MATERNITY/ ADOPTION LEAVE STARTED:** |  |
| **DATE CHILD WAS BORN/PLACED:** |  |
| **HOW MANY WEEKS MATERNITY/ADOPTION LEAVE HAVE YOU TAKEN:** |  |

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| **NOTICE OF CURTAILMENT OF MATERNITY/ADOPTION LEAVE** |

1. **NOTIFICATION OF THE DATE ON WHICH YOU WISH TO END YOUR MATERNITY/ADOPTION LEAVE AND PAY**

**The curtailment date must be:**

* After the 2 week compulsory maternity/adoption leave after your child is born/placed.
* At least 8 weeks before the start of the first period of Shared Parental Leave to be taken by the mother.
* At least 1 week before what would have been the end of the additional maternity/adoption leave period.

I intend to end my maternity/adoption

leave and pay on (**date**): ………………………………………………….

Signed: ................................................................... Date: .......................................

**Please Note**: In cases of maternity, if you are unsure as to your medical fitness to return to work early, you should ask the advice of your doctor beforehand as you require to be medically fit to return to work early.

**Once completed and signed by the employee, this form should be sent to the HR Service Centre by the Line Manager.**