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|  | Aberdeen City Council | **Appendix 3** |

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| **NOTICE OF ENTITLEMENT AND INTENTION** |

You only need to complete this form if you have given notice to curtail your maternity /adoption leave in respect of a child expected to be born or matched for adoption on or after 5th April 2015 in order to opt into Shared Parental Leave and you wish to provide notice of entitlement and intention.

**Please read the Shared Parental Leave Guidance before completing this Notice**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name of employee (in full): |  |
| Employee Pay. No:  |  |
| Name of Line Manager: |  |
| Name of expectant mother/adopter: |  |
| Name of partner: |  |
| Expected date of birth/placement\*: |  |
| Actual date of birth/placement\*\*: |  |
| **If you are the mother**, the start and end dates of any maternity/adoption leave taken or to be taken: |  |
| **If you are the partner**, the start and end dates of the mother’s maternity/adoption leave or if the mother is not entitled to maternity leave, the amount of statutory maternity pay or maternity allowance (where applicable) received or to be received : |  |
| Total amount of SPL and pay available\*\*\*: |  |
| How do both the mother and partner intend to split the SPL and pay?: |  |
| Indication of expected start and end dates for each period of SPL. This indication is NON-BINDING: |  |
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\* for placement, please also note the date you were notified by the adoption agency of being matched with child

\*\* if the child has not yet been born, the date of birth must be provided as soon as is reasonably practicable and before the first period of SPL

\*\*\* 52 weeks minus any maternity/adoption leave taken to be taken or if not entitled to maternity leave, 39 weeks minus any statutory maternity pay or allowance received or to be received

**2. EMPLOYEE’S DECLARATION AND SIGNATURE**

Please indicate by ticking one option whether you are applying as:

(1) The mother/adopter (please delete as appropriate)

(2) The baby’s biological father

(3) The spouse/civil partner/partner of the expectant

 mother/adopter (please delete as appropriate)

I declare that I am eligible for SPL (see sections 3 and 4 of the SPL Guidance) and have the main responsibility for the care of the child and that the details I have provided on this Notice under Employee Personal Details are to my knowledge accurate and correct. If I cease to have main responsibility for the care of the child or eligibility for SPL, I will immediately notify my Line Manager.

**Signed :** …………………………………………

**Date:**  …………………………………………

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**3. PARTNER’S DECLARATION AND SIGNATURE**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

|  |  |
| --- | --- |
| Do you have a National Insurance Number? | YES/NO |
| If Yes, please provide your National Insurance Number |  |
| You are the (please circle which applies)  | Mother of the childAdopter of the childFather of the childSpouse of the mother/adopterCivil Partner of the mother/adopterPartner of the mother/adopter |
| Have you passed the requirements of the Earnings and Employment Test? (see section 3 of the SPL Guidance) | YES/NO |
| At the date of the child’s birth/adoption matching, along with the employee, have you the main responsibility for the child? | YES/NO |
| Do you consent to the amount of SPL the employee intends taking? | YES/NO |
| Do you consent to the Council processing the information contained in this declaration? | YES/NO |
| If you are the mother, will you immediately inform your partner if you cease to satisfy eligibility conditions for SPL (see section 3 of the SPL guidance)? | YES/NO |

I declare that the details I have provided on this Notice under Partner’s Declaration are to my knowledge accurate and correct.

**Signed :** …………………………………………

**Date:**  …………………………………………

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

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**FOR HR SERVICE CENTRE USE**

**(Refer to Section 3 and 4 of the SPL Guidance if required)**

Eligibility for SPL verified Initials: ……………. Date: ………………..

(Continuity of employment and

earnings criteria)

EWOC/matching date: ………………………………………………………………………

Above LEL for NI YES / NO

Start date with Aberdeen City Council \*: ………………………… Weekly rate of pay: ………………

Public Authority Continuous Service \* start date: ………………………………..

\* Continuous service means continuous service with Aberdeen City Council or a public authority as listed in the Redundancy Payments (Continuity of Employment in Local Government, etc) (Modification) Orders (which covers local authorities and related bodies).

If the employee is the mother/adopter:

Has Notice of Curtailment of Maternity/Adoption Leave been received yet? YES/NO

Returned or intending to return to work early? YES/NO

Appropriate letter sent to employee **Initials:** …………… **Date:** ………………….

(See letter at Appendix 4 of SPL Guidance)