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|  | Aberdeen City Council | **Appendix 2** |

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

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 now wish to withdraw your notice.

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME (in full):** |  |
| **PAY NUMBER:** |  |
| **HOME ADDRESS:** |  |
| **SERVICE AND DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |

1. **WITHDRAWAL OF CURTAILMENT NOTICE**

I previously gave Notice to curtail my maternity/adoption leave and pay on (**date**):

………………………………………………………………………………….

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

I confirm that I wish to withdraw this notice and will no longer curtail my maternity/adoption leave for the following reason (please tick):

1. Not entitled to Shared Parental Leave and Pay.

(2) My partner has died.

(3) The Notice was provided before the birth and I am

 withdrawing within 6 weeks of the birth.

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

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