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|  | Aberdeen City Council |  |

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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 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 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 SHPL and pay available\*\*\*: |  |
| How do both the mother and partner intend to split the SHPL and pay?: |  |
| Indication of expected start and end dates for each period of SHPL. 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 SHPL

\*\*\* 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 SHPL (see sections 3 and 4 of the SHPL 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 SHPL, 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 child  Adopter of the child  Father of the child  Spouse of the mother/adopter  Civil Partner of the mother/adopter  Partner of the mother/adopter |
| Have you passed the requirements of the Earnings and Employment Test? (see section 3 of the SHPL 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 SHPL 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 SHPL (see section 3 of the SHPL 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 SHPL Guidance if required)**

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

(Continuity of employment and

earnings criteria)

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

Above LEL for NI YES / NO

Continuous Service Date: ………………………… Weekly rate of pay: ………………

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 SHPL Guidance)