|  |  |  |
| --- | --- | --- |
|  | Aberdeen City Council |  |

|  |
| --- |
| **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 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:** |  |

1. **WITHDRAWAL OF CURTAILMENT NOTICE**

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

………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
|  | Aberdeen City Council |  |

|  |
| --- |
| **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.**