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| **SHARED PARENTAL LEAVE**  **GUIDANCE** |

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| This Guidance applies to Teachers and Associated Professionals covered by the Scottish Negotiating Committee for Teachers (SNCT) terms and conditions.  This Guidance incorporates relevant national legislation and the SNCT terms and conditions and should be read in conjunction with the SNCT handbook.  This Guidance applies to employees whose baby is due to be born, matched for adoption or born through a surrogacy arrangement on or after the **5th April 2015.** |

**Issue 2, July 2017**

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The guidance applies to employees, whether they are the mother, adopter, parental order parent in surrogacy or are the partner (see definition below), whose baby is due (including surrogacy) or their adoption matching date is on or after the 5th April 2015.

In the case of employees whose babies are due or their adoption matching dates are prior to 5th April 2015, the existing maternity, paternity and adoption arrangements apply.

1. **Overview of Shared Parental Leave**

Shared Parental Leave (SHPL) gives eligible employees the flexibility to choose how to share the care of their child during the first year of birth or adoption. An eligible employee, whose baby is due or their adoption matching date or expected week of birth for surrogacy is on or after the 5th April 2015, may choose to end (curtail) their maternity or adoption leave and pay at a future date and share the remaining untaken balance of leave and pay with their partner. It allows eligible employees to stop and start their SHPL and return to work between periods of leave.

(SHPL is not the same as Parental Leave, which the Council provides for within it’s Special Leave provisions, which entitles employees to take up to 18 weeks unpaid time off work to look after the welfare of their child.)

For the purposes of this guidance, the following key terms and definitions apply:

* **SHPL** means Shared Parental Leave.
* **ShPP** means Shared Parental Pay.
* **Mother** means the mother or expectant mother of the child OR the adopter (the person who is eligible for adoption leave and/or pay – male or female) OR the parental order surrogacy parent (the person who is eligible for adoption leave and /or pay).
* **Partner** means the biological father of the child OR the person who at the date of the child’s birth/placement is married to, the civil partner of, or the partner of the mother/adopter. This includes someone, male or female, living with the mother/adopter and child in an enduring family relationship but who is not the mother/adopter’s child, parent, grandchild, grandparent, sibling, aunt, uncle, niece or nephew.
* **Curtail** means the eligible mother brings their maternity/adoption leave and pay (if appropriate) or allowance to an end early.
* **EWOC** means expected week of childbirth.
* **Matched** means an adopter is approved to adopt a named child or children.

1. **What is the entitlement?**

The amount of SHPL an eligible employee is entitled to will vary depending on when the mother curtails their maternity/adoption leave and/or pay. The number of weeks available is calculated by using the mother’s entitlement to maternity/adoption leave of up to 52 weeks and identifying the untaken balance remaining at the date of curtailment.

SHPL can be taken in one continuous block (which the Council is obliged to accept provided the employee is eligible and follows notice requirements) or in a number of discontinuous blocks (which the Council is not obliged to accept). The booking of SHPL is more fully explained under 6 below.

A maximum of 3 notifications for leave can be made by the employee giving at least 8 weeks’ notice for each period of leave. Any leave not taken within one year of the child’s birth or placement day is lost. See 6 below for more details regarding notifications.

The mother is legally required to take the first 2 weeks’ maternity leave/ordinary adoption leave immediately after the birth of the child/placement. This means that the mother cannot curtail her leave until these 2 weeks have been taken.

After this 2 week period, the couple may choose to share their leave. The maximum period the couple could share is 50 weeks (although generally it will be less than this for births due to the maternity leave the mother usually takes prior to the birth). The partner can take SHPL immediately following the birth/placement of the child. However, the partner may wish to use any support/paternity leave entitlement first as they cannot take support/paternity leave once they have taken any SHPL.

Shared Parental Leave shall also apply where both the mother and partner are Council employees and separate applications are required.

An employee is not entitled to extra SHPL or ShPP if they are expecting more than one child or are to have multiple adoptions in a single placement. Like maternity and adoption leave, the entitlements are the same as if the employee was expecting one child or undertaking a single placement.

1. **How does the employee know if they are eligible for SHPL?**

The overriding eligibility factor is that SHPL is only available to 2 people, the mother/adopter and the father of the child (in the case of a birth) or spouse or civil partner or partner. The couple, at the date of the child’s birth or adoption matching date (whichever applies), **must** **share the main responsibility** for the care of the child.

In order to be eligible for SHPL, both mother and partner must meet eligibility criteria based on earnings and service. The employee must satisfy each of the following criteria:

* The mother of the child must be/have been entitled to statutory maternity/adoption leave or if not entitled they must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have ended or given notice to reduce any maternity/adoption entitlements.
* The employee must still be working for the Council at the start of each period of SHPL.
* The employee must pass the ‘**Continuity of Employment’** test which requires them to have a minimum of 26 weeks’ continuous service \* at the end of the 15th week before the EWOC/matching date.
* The employee’s partner must meet the ‘**Employment and Earnings’** test in order for the employee to qualify for SHPL. They must have been in employment or self-employed in the UK for a total of any 26 weeks in the last 66 weeks leading up to the EWOC or matching date for adoption, and have earned a minimum average of £30 (this is correct as of 2015 but may change annually) a week in 13 of those 66 weeks (not necessarily continuously).

\*Continuous service means any previous employment with councils, employers listed in the Redundancy Payment (Local Government) (Modification) Order 1990 (as amended) and any other employment deemed by the council to be relevant, shall be counted as continuous service (as defined in the Employment Rights Act 1996) subject to a gap in employment not exceeding one working week.

It is up to the employee and their partner to establish eligibility (this is verified by the HR Service Centre (HRSC) when Notice of Entitlement and Intention is submitted) and once this has been done, it is the decision of the couple whether they wish to share leave and pay (by opting into SHPL/ShPP) or whether they wish to use the default maternity/adoption/paternity arrangements.

1. **How does the employee know they are entitled to ShPP?**

Eligible employees may be entitled to take up to 37 weeks ShPP at the statutory rate whilst taking SHPL. The actual amount of weeks’ pay available will depend on when the mother curtails their maternity/adoption pay or maternity allowance period (with the untaken balance comprising the maximum entitlement).

In addition to meeting the eligibility requirements for SHPL detailed in 3 above, and having the main responsibility along with their partner for the care of the child, for employees to be eligible for ShPP, both parents must meet certain eligibility requirements as follows:

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| **The employee must:** | **In addition, the employee’s partner must:** |
| have at least 26 weeks' continuous employment (see Section 3 for definition) ending with the 15th week before the EWOC/matching date for adoption and remain in continuous employment with the Council until the week before any period of ShPP; | have been employed or been a self-employed earner during at least 26 of the 66 weeks immediately preceding the expected week of childbirth or matching date for adoption; |
| have normal weekly earnings for a period of 8 weeks ending with the 15th week before the EWOC/matching date for adoption of at least the lower earnings limit in force for national insurance contribution purposes; | have average weekly earnings of at least the maternity allowance threshold (currently £30) for any 13 of those 66 weeks; and |
| be absent from work and intend to care for the child during each week in which they receive statutory ShPP; and | **If the partner is the mother** - be entitled to statutory maternity pay/adoption pay or maternity allowance in respect of the child, but the maternity/adoption pay or maternity allowance period has been ended. |
| **If the employee is the mother** - be entitled to statutory maternity pay/adoption pay or maternity allowance in respect of the child, but the maternity/adoption pay or maternity allowance period has been ended. |  |

If an employee is entitled to receive ShPP they must, at least 8 weeks before receiving any ShPP, provide the Council with written Notice of their Entitlement to ShPP (see 5.2 below).

ShPP will be paid at the statutory rate (or 90% of salary if this is lower than the statutory rate of ShPP). Details of the current weekly statutory rate for ShPP can be obtained from the HR Service Centre.

1. **What does the employee do if they are eligible?**

Whether the employee is the mother or partner, their partner must (where relevant) submit any notifications to take SHPL, set out below, to their own employer (who may have their own SHPL guidance in place).

The Council would encourage the employee to engage in early discussions with their Line Manager about their leave options. An eligible employee who has decided to share leave and pay must provide the Council with notification that they are curtailing maternity or adoption leave and of their entitlement and intention to take SHPL at least 8 weeks before the period of SHPL. These notifications are mandatory and a couple will not be eligible unless they submit these notifications.

5.1 Notice of curtailment of maternity/adoption leave

Before the couple can take any SHPL, the mother must either return to work before the end of her maternity or adoption leave (providing the required 8 weeks’ notice of her planned return) thus bringing her maternity/adoption leave to an end (and it cannot be re-started),or provide the Council, or their employer if the mother is not an employee of the Council, with a **Notice of** **Curtailment of Maternity/Adoption Leave** (see form at Appendix 1), in writing, stating the date in the future that the maternity/adoption leave will end. That date must be:

* After the 2 week statutory maternity leave/ordinary adoption leave period;
* At least 8 weeks after the date on which the mother gave the Notice of Curtailment to her Line Manager;
* At least 1 week before what would have been the end of the additional maternity leave period.

If the mother has given Notice of Curtailment along with the Notice of Entitlement and Intention (Appendix 3) (or a declaration that her partner has given his or her employer notice of their entitlement to SHPL and the mother consents to the leave her partner intends to take), then the mother is bound by this Notice of Curtailment, except in limited circumstances as detailed below.

This Notice of Curtailment can be withdrawn (see form at Appendix 2) by the mother in certain limited circumstances, provided they have not returned to work, as follows:

* Where neither the mother or partner are entitled to share leave or statutory pay and the mother withdraws her Notice of Curtailment within 8 weeks of the date on which the Notice was provided. There is no further opportunity to opt into SHPL at a later date for the same child.
* Their partner has died. In this scenario, there is no further opportunity to opt into SHPL at a later date for the same child.
* Where the Notice of Curtailment was provided before the birth of the child and the mother withdraws the Notice within 6 weeks of the child’s birth. In this situation, the mother’s maternity leave reverts to 52 weeks and the partner’s entitlement to SHPL would stop. The mother will be able to opt into SHPL at a later date with the same partner, either by returning to work and then giving Notice of Entitlement and Intention or by providing another Notice of Curtailment.

5.2 Notice of Entitlement and Intention

The employee, whether the mother or partner, must provide the Council with a **non-binding** **Notice of Entitlement and Intention** (see form at Appendix 3), in writing, at least 8 weeks before the start date of the first period of SHPL to be taken by the employee.

The employee (whether mother or partner) and their partner must provide the following in their Notice:

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| 1. **The Notice** | 1. **Employee’s Signed Declaration** | 1. **Partner’s Signed Declaration** |
| * Name of employee * Name of the mother or partner * The start and end dates of any maternity/adoption leave, maternity/adoption pay or maternity allowance taken or to be taken by the mother * The total amount of SHPL available * The due date on which the child is expected to be born and the actual date of birth (if the child has not yet been born, the date of birth can be provided as soon as is reasonably practicable after the birth and before the first period of SHPL to be taken by the mother) or the date on which the employee was notified of having been matched and the date of placement for adoption (or the actual date if the child has already joined the family). * The amount of SHPL the employee and their partner each intend taking * A **non binding** indication of when the employee expects to take their SHPL leave (including the start and end dates for each period of leave). | * They meet or will meet the eligibility criteria and are entitled to take SHPL. * If the mother, that they have returned to work from maternity/adoption leave or commit to curtailing their maternity/adoption leave early. * If they are not the mother they must confirm that they are either the father of the child or spouse, civil partner or partner of the mother. * The information they provided in the Notice is accurate. * Have main responsibility for the child and will immediately notify the Council if this ceases. * If they cease to be eligible they will immediately notify the Council. | * Partner or mother’s name, address and national insurance number (or a declaration that the partner does not have a National Insurance Number) * That they are the mother of the child or they are the father of the child or the spouse/civil partner/partner of the mother. * They passed the requirements of the Earnings and Employment Test and at the date of the child’s birth or placement had the main responsibility for the child, along with the employee * They consent to the amount of SHPL the employee intends to take. * They consent to the Council processing the information contained in the declaration. * If the partner is the mother, they will immediately inform their partner should they cease to satisfy eligibility conditions. |

The employee’s Line Manager will send the Notice of Entitlement and Intention to the HRSC who will verify the employee’s continuity of employment and average weekly earnings and a Confirmation of Entitlement to Shared Parental Leave letter (see Appendix 4) will be issued by the HRSC to the employee.

5.3 Variation or Cancellation of Notice of Entitlement and Intention

The employee can vary or cancel their proposed SHPL dates following the submission of a Notice of Entitlement and Intention, provided that they supply the Council with a written Notice of Variation of Entitlement and Intention (see Appendix 5). The written Notice must contain:

* an indication as to when the employee intends to take SHPL (including the start and end dates for each period of leave);
* the details of any periods of SHPL that have been notified through a Period of Leave Notice (see 6 below);
* the details of any periods of statutory ShPP that have been notified in relation to periods where SHPL was not to be taken; and
* a declaration signed by both the mother and the partner that they agree to the variation.

Any indication of leave intended to be taken in a Variation of Notice of Entitlement and Intention is **non-binding** until they provide a Period of Leave Notice (see 6 below) in relation to that period of leave. There is no limit on the number of *Variations of Notice of Entitlement and Intention* that the employee can make. A letter confirming the variation will be sent to the employee (see Appendix 6).

1. **Booking SHPL**

In many cases, it is anticipated that Notice to take leave will be given at the same time as Notice of Entitlement and Intention. The earlier the employee informs the Council of their intentions, the more likely the Council will be able to accommodate the employee’s request, particularly if they request periods of discontinuous leave. If the employee has already decided the pattern of SHPL they wish to take, they can provide more than one Notice at the same time. The employee must give correct notification at least 8 weeks before the date on which they request to start the leave and/or pay.

To take a period of SHPL the employee must submit a **Period of Leave Notice** (see form at Appendix 7).This written Notice sets out the start and end dates of each period requested in that Notice. Once the Council receives the Period of Leave Notice, it will be dealt with as soon as possible, but a response will be provided no later than the 14th day after the leave request was made.

The employee can provide a **combined total of up to 3 Period of Leave Notices or Variations of Period of Leave Notice**. The employee can submit a Period of Leave Notice for:

**Continuous period of SHPL:** the employee can submit a Period of Leave Notice requesting one continuous period of leave and they will be entitled to take that period of leave, provided they have given the correct Notice and have sufficient leave available. A Confirmation of Period of SHPL will be provided to the employee, in writing (see letter at Appendix 8). For example, the mother and partner may both request a continuous block of leave from their respective employers, to enable them to take SHPL at the same time.

**Discontinuous periods of SHPL**: the employee can submit a Period of Leave Notice requesting discontinuous periods of leave. For example, the mother and partner may request a pattern of leave from their respective employers that allows them to alternate childcare responsibilities. The minimum block of time for a teacher or associated professional is normally 4 weeks.

All requests for discontinuous leave will be considered on a case by case basis. The first 2 weeks of the 8 week notice will be a discussion period.

and a meeting will be arranged with the Line Manager to discuss the request and leave pattern (an invite letter Meeting to Discuss SHPL Booking Request will be issued to the employee, see Appendix 9).

In the 2 weeks from the date the Notice was given, the Council can:

* Consent to the discontinuous leave pattern requested;
* Propose an alternative leave pattern; or
* Refuse the leave pattern requested.

The employee will be informed of the decision, in writing, as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made

If agreement is reached within the 2 week discussion period, the employee is entitled to take the leave on the dates agreed. Where this is the case, a Confirmation of Discontinuous Periods of Leave letter will be issued to the employee (see letter at Appendix 10).

If no agreement has been reached within the 2 week discussion period, the employee is entitled to take the leave as one continuous period of leave. If this is the case, the employee must:

* Choose a start date for the leave that is at least 8 weeks from the date on which the Period of Leave Notice was originally provided.
* Notify the Council of that date within five days of the end of the 2 week discussion period.

If the employee does not choose a start date within five days of the end of the 2 week discussion period, the period of continuous leave will start on the date of the first period of leave requested in the Period of Leave Notice.

In the event of the Council refusing the request (this will be confirmed to the employee in a Refusal of a Discontinuous Leave Request letter, see Appendix 11) or no agreement being reached during the 2 week discussion period, the employee may withdraw a Period of Leave Notice requesting discontinuous periods of leave. The Period of Leave Notice can be withdrawn at any time on or before the 15th day after the Period of Leave Notice was given (Notice to Withdraw or Vary a Period of Leave, see form at Appendix 12). A notice for discontinuous leave that has been withdrawn before it is agreed does not count towards the total number of requests for leave that an employee can make.

If you wish to appeal against your refused discontinuous leave, you can submit an appeal in writing to your Head of Service within 14 days of receiving the outcome letter. The Head of Service (with an HR Adviser) will consider the appeal within a further 14 days. You can be accompanied by a trade union representative or by a work colleague at the appeal meeting if you wish. You will be advised in writing of the outcome of the appeal within 14 days of the appeal meeting.

1. **Variations to Booked Period of SHPL**

The employee can withdraw or vary a proposed or agreed and booked period of SHPL, provided they give Notice, in writing, at least 8 weeks before the date of any variation.

The written Notice to Withdraw or Vary a Period Booked Leave (see form at Appendix 12) can be used to:

* vary the start or end date of any period of SHPL or withdraw a request for leave;
* request that a continuous period of leave becomes discontinuous periods of leave; or
* request that discontinuous periods of leave become a continuous period of leave.

Any withdrawal or variation notification made by the employee, including Notice to return to work early, will usually count as a new notification. The employee has the right to book or vary leave a total of up to 3 times. However, if the change is due to a child being born early or the Council requesting it to be changed, this will not count as a further notification. All variations will be confirmed to the employee in writing (see Confirmation of Variation of Booked Leave Letter at Appendix 13).

1. **What does the employee need to know before they start their SHPL?**

During SHPL, all terms and conditions of the employee's contract, except normal pay, will continue. Salary will be replaced by statutory ShPP if the employee is eligible for it. This means that, while sums payable by way of salary will cease, all other benefits will remain in place just like maternity, adoption and paternity arrangements.

Annual leave will continue to accrue during periods of SHPL.

If the employee has chosen to take part in any of the salary sacrifice schemes offered by the Council, prior to commencing maternity or adoption leave, they will have given urgent consideration as to whether or not they wish to remain in the scheme in the case of maternity after the 24th week before the expected week of childbirth or in the case of adoption after the beginning of the 8th week before the matching week or expected week of birth for surrogacy. For full details on how this would affect maternity or adoption pay and what to do if you wish to leave, see the Maternity Guidance or the Adoption Guidance.

If the employee chooses to remain in a salary sacrifice scheme, when they go into a period of ShPP or no pay, childcare vouchers will be suspended during this time. When the employee returns to work and are in receipt of pay and wish to re-instate their childcare vouchers, then they should send a written request to [ACCMyBenefits@aberdeencity.gov.uk](mailto:ACCMyBenefits@aberdeencity.gov.uk) and the request will be effective from the next available pay period.

**Employees in the Scottish Teachers’ Pension Scheme (administered by the SPPA)**

Whilst you are on SHPL you will pay pension contributions based on the ShPP you receive during the paid period of your SHPL (where you are entitled to receive ShPP).

The Council will pay pension contributions for you during the paid period of your SHPL, based on your normal full pay.

The paid SHPL period will be classed as pensionable service.

Employees in the Scottish Teachers’ Pension Scheme do not have the option to pay pension contributions for any unpaid period of SHPL. If you are a member in the Career Average Revalued Earnings (CARE) scheme there are flexibilities.  To increase your pension, a member is able to elect to accrue a pension at 1/45, 1/50, 1/55 by paying contributions at a higher rate, you are able to purchase additional pension or elect to buy out the standard reduction so that you can take your pension at age 65 without any actuarial reduction as well as purchasing AVCs.  Therefore, when a member is in pensionable employment this allows them to make up pension. Please contact the SPPA by telephone 01896 893000 or via the website [www.sppa.gov.uk](http://www.sppa.gov.uk) for further details.

Employees in the **Local Government Pension Scheme (LGPS)** should refer to the non teaching guidance for details on the pension implications (available on the Zone).

1. **What does the employee need to know during their SHPL?**

The Council reserves the right to maintain reasonable contact with employees during SHPL. This may be to discuss employees' plans for their return to work; any special arrangements to be made; any training to be given to ease their return to work or to update them on developments at work during their absence.

An employee can agree to work for the Council (or to attend training), but is not obliged to, for up to 20 days during SHPL without that work bringing the period of SHPL to an end. These are known as ‘**shared-parental-leave-in-touch’ (SHPLIT) days.** Any work carried out on a day or part of a day shall constitute a day’s work for these purposes.

The Council has no right to require employees to carry out any work and is under no obligation to offer the employee any work during their SHPL. Any work undertaken is a matter for agreement between the employee and their line manager. If an employee takes a SHPLIT day they will receive their normal contractual rate of pay (inclusive of any ShPP where applicable). Any childcare costs incurred as a result of working a SHPLIT day will need to be met by the employee.

1. **What does the employee need to know before returning to work?**

The employee will be formally advised, in writing, of the end date of any period of SHPL (see Confirmation of Period of SHPL letter at Appendix 8). The employee is expected to return on the next working day after this date, unless they notify the Council otherwise. If the employee is unable to attend work due to sickness or injury, the Council’s normal sickness reporting and certification procedures apply. In any other case, late return without prior authorisation will be treated by the Council as an unauthorised absence.

If the employee wishes to return to work early, they must provide a Notice to Withdraw or Vary a Period of Booked Leave using the form at Appendix 12 (see 7 above) which will count as one of the 3 employee notification entitlements.

If the employee’s aggregate maternity/adoption/paternity leave and SHPL amounts to 26 weeks or less they have the right to return to the same job. The same job is the job they occupied immediately before commencing maternity/adoption/paternity leave and the most recent period of SHPL, on the same terms and conditions of employment as if they had not been absent.

If the employee’s aggregate maternity/adoption/paternity leave and SHPL amounts to 26 weeks or more, the employee is entitled to return to the same job they held before commencing the last period of leave, or if this is not reasonably practicable, to another job which is both suitable and appropriate and on terms and conditions no less favourable.

Unpaid SHPL is not included in the 26 week aggregate total. An employee can take up to four weeks (in isolation) unpaid parental leave and have the right to return to the same job. If the unpaid period is more than 4 weeks they have the right to return to the same or a similar job.

When returning to work, the employee should take any remaining statutory leave in that leave year. Where it is not possible to take that leave in full or in part any balance will be carried forward into the next leave year but must be taken as leave (i.e. you cannot receive pay in lieu of leave). When you take your accrued statutory leave depends on the needs of the service and:

* in the case of teachers and music instructors, should normally be taken in the term in which the return to work takes place, or within the following term; or
* in the case of education support officers, quality improvement officers and educational psychologists, should normally be taken as soon as possible following the return to work.

The balance of annual leave, in excess of statutory leave, accrued during the period of shared parental leave should be taken following the end of the leave period. When you take this accrued leave depends on the needs of the service and:

* in the case of teachers and music instructors, the accrued leave can be taken during the days of school closure, with payment to be arranged as appropriate with any remaining leave to be taken in the term in which the return to work takes place, or within the following term; or
* in the case of education support officers, quality improvement officers and educational psychologists, should normally be taken as soon as possible following the return to work.

1. **Special Circumstances and Further Information**

11.1 If the child is born early

If the child is born before the expected due date and the employee had already booked to take SHPL within the first 8 weeks of the due date, they may take the same period of leave after the actual birth without having to provide 8 weeks’ notice. The employee must submit a Notice to Withdraw or Vary a Period of Booked Leave (see form at Appendix 12) as soon as is reasonably practicable. Unlike most other variations, this would not count as one of the employee’s 3 notifications.

Any leave arranged after the first 8 weeks of the due date is still bound by the 8 week notice required to vary leave.

If the child is born more than 8 weeks before the due date and no Notice of Entitlement and Intention and/or a Period of Leave Notice has been submitted, there is no requirement for the employee to provide 8 weeks’ notice before the period of leave starts. These Notices should be given as soon as is reasonably practicable after the actual birth.

11.2 Death of a parent during the child’s first year

If either the mother or partner dies during the child’s first year and the other person is taking, or is entitled to take SHPL, then they will continue to be eligible. Any SHPL that was due to be taken by the deceased, may be transferred to the other person if they are eligible for SHPL.

Should it be necessary for the surviving mother or partner to take a further period of SHPL, or vary a pre-agreed period of leave then Notice may be given as soon as is reasonably practicable if 8 weeks’ Notice cannot be given. If all 3 Notices have already been given, the employee must be allowed to submit one further notice to book or amend SHPL.

11.3 Fraudulent claims

The Council is not required to check the information provided by the partner to determine the employee’s eligibility. However, where there is a suspicion that fraudulent information may have been provided or if the Council has been informed by the HMRC that a fraudulent claim has been made, then the Council will investigate the matter further in accordance with the Managing Discipline policy/procedure. This will be done without acting in a discriminatory manner in relation to any of the protected characteristics defined in the Equality Act 2010.

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|  | Aberdeen City Council | **Appendix 1** |

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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 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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|  | Aberdeen City Council | **Appendix 1** |

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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.**

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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 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**):

………………………………………………………………………………….

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

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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.**

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

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| **NOTICE OF ENTITLEMENT AND INTENTION** |

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

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| **NOTICE OF ENTITLEMENT AND INTENTION** |

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

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| **NOTICE OF ENTITLEMENT AND INTENTION** |

**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: ………………

\*Continuous service means any previous employment with councils, employers listed in the Redundancy Payment (Local Government) (Modification) Order 1990 (as amended) and any other employment deemed by the council to be relevant, shall be counted as continuous service (as defined in the Employment Rights Act 1996) subject to a gap in employment not exceeding one working week.

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)

**Appendix 4: Confirmation of Entitlement to Shared Parental Leave Letter**

**MODEL LETTER – Confirmation of entitlement to Shared Parental Leave**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**CONFIRMATION OF ENTITLEMENT TO SHARED PARENTAL LEAVE**

Thank you for submitting your Notice of Entitlement and Intention to take Shared Parental Leave.

I write to acknowledge that, based on the information you have provided, you are entitled to take Shared Parental Leave.

I can confirm that you currently have ……….. weeks of Shared Parental Leave to take and you have ………… weeks of Statutory Shared Parental Pay.

I note that you have provided a **NON-BINDING** notification to start your Shared Parental Leave on ……… and end it on ……. ***(may have to add more if discontinuous blocks)***

If you and your partner wish to vary your proposed Shared Parental Leave dates then you must notify us of the change in writing using Appendix 5 of the Shared Parental Leave Guidance, which contains a declaration required to be signed by you and your partner.

If you have any questions about your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact me.

Yours sincerely

HR Service Centre

cc – Personal File

Payroll Section – for information

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|  | Aberdeen City Council | **Appendix 5** |

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| **NOTICE OF VARIATION OF ENTITLEMENT AND INTENTION** |

This form should be used where an employee has provided a **NON-BINDING** Notice of Entitlement and Intention and now wishes to vary or cancel their proposed Shared Parental Leave dates.

This variation will provide an indication of the leave the employee *intends* to take and will remain **NON-BINDING** until the employee provides a Period of Leave Notice. There is no limit to the number of Variations of Notice of Entitlement and Intention you can make.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. PERSONAL DETAILS** | | | |
|  | | | |
| Name (in full): |  | | |
| Employee Pay. No: |  | | |
| Service/Directorate: |  | | |
| Location: |  | | |
| Job Title: |  | | |
| Line Manager: |  | | |
|  | |  | |
| I previously notified you that I wished to start my Shared Parental Leave and pay (if applicable) on: | |  |  |
| Instead of starting my Shared Parental Leave and pay on the above date, I would like to start my leave on (please insert N/A if start date is not changing): | |  |  |
| I previously notified you that I wished to end my Shared Parental Leave and pay on: | |  |  |
| Instead of ending my Shared Parental Leave and pay on the above date, I would like to end my leave on (please insert N/A if end date is not changing): | |  |  |

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| --- | --- | --- |
|  | Aberdeen City Council | **Appendix 5** |

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| **NOTICE OF VARIATION OF ENTITLEMENT AND INTENTION** |

|  |  |  |
| --- | --- | --- |
| My partner previously notified their employer that they wished to start their Shared Parental Leave and pay (if applicable) on: |  |  |
| Instead of starting their Shared Parental Leave and pay on the above date, they intend to start their leave on: (please insert N/A if start date is not changing): |  |  |
| My partner previously notified their employer that they wished to end their Shared Parental Leave and pay on: |  |  |
| Instead of ending their Shared Parental Leave and pay on the above date, they intend to end their leave on (please insert N/A if end date is not changing): |  |  |

|  |
| --- |
| **2. DECLARATION** |
| I declare that both myself and my spouse/partner agree to the variation detailed in this notice. |
|  |
| **Employee**  **Signed:** ……………………………………………. **Date**: ……………………….. |

**Spouse/Partner**

**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.**

**Appendix 6: Confirmation of Variation to Notice of Entitlement and Intention Letter**

**MODEL LETTER – Confirmation of Variation to Notice of Entitlement and Intention for Shared Parental Leave**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**CONFIRMATION OF VARIATION TO NOTICE OF ENTITLEMENT AND INTENTION – SHARED PARENTAL LEAVE**

I write to acknowledge receipt of your Notice of Variation of Entitlement and Intention regarding Shared Parental Leave.

You had intended your period of leave to start on ……..… and end on ..………. However, you have now indicated that you wish to start your period of leave on ……..… and end it on ……..…. These dates are **non-binding** until you provide a Period of Leave Notice (see Appendix 7 of the Shared Parental Leave Guidance) which must be submitted to your Line Manager.

If you have any questions about your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact me.

Yours sincerely

HR Service Centre

c.c – Personal File

Payroll Section – for information

|  |  |  |
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|  | Aberdeen City Council | **Appendix 7** |

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| **PERIOD OF LEAVE NOTICE FOR SHARED PARENTAL LEAVE** |

This form should be used where an employee has notified the Council of their Entitlement and Intention regarding Shared Parental Leave and now wishes to request a period(s) of Shared Parental Leave.

This application should be submitted to your line manager as soon as it is known what dates will be required and **no later than 8 weeks before the chosen start date**. You can provide a **total of up to 3** Period of Leave Notices or Notices to Withdraw or Vary Period of Booked Leave (see Appendix 12 of the Shared Parental Leave Guidance).

|  |  |
| --- | --- |
| **1. PERSONAL DETAILS** | |
|  | |
| Name (in full): |  |
| Employee Pay No: |  |
| Job Title: |  |
| Service/Directorate: |  |
| Location: |  |
| Line Manager: |  |

|  |
| --- |
| **2. NOTICE** |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| (1) | A Continuous Block of Leave |  |  |
|  |  |  |
| (2) | Discontinuous Blocks of Leave |  |

Please complete as many dates as are applicable.

|  |
| --- |
| I hereby give notice that I wish my Shared Parental Leave to:  Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)    Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |
|  |
| Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)    Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)     |  |  |  | | --- | --- | --- | |  | Aberdeen City Council | **Appendix 7** |  |  | | --- | | **PERIOD OF LEAVE NOTICE FOR SHARED PARENTAL LEAVE** |     If applicable, I wish my Shared Parental Pay to: (state n/a if it does not apply)  Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)    Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)  Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)    Start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)    (Please see qualifying conditions in the Shared Parental Leave Guidance) |

|  |
| --- |
| **3. PENSIONS – UNPAID PERIOD(S) OF SHARED PARENTAL LEAVE** |

Employees in the Scottish Teachers’ Pension Scheme do not have the option to pay pension contributions for any unpaid period of SHPL. If you are a member in the Career Average Revalued Earnings (CARE) scheme there are flexibilities.  To increase your pension, a member is able to elect to accrue a pension at 1/45, 1/50, 1/55 by paying contributions at a higher rate, you are able to purchase additional pension or elect to buy out the standard reduction so that you can take your pension at age 65 without any actuarial reduction as well as purchasing AVCs.  Therefore, when a member is in pensionable employment this allows them to make up pension. Please contact the SPPA by telephone 01896 893000 or via the website [www.sppa.gov.uk](http://www.sppa.gov.uk) for further details.

|  |
| --- |
| **4. DECLARATION AND SIGNATURE** |
|  |
| With reference to the Shared Parental Leave Guidance, I declare that I am applying for Shared Parental Leave in accordance with the Guidance and that the information I have provided above is correct. |
|  |

**Signed:** …………………………………………… **Date:** …………………………

|  |  |  |
| --- | --- | --- |
|  | Aberdeen City Council | **Appendix 7** |

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| **5. LINE MANAGER ONLY** |

Is this request for continuous leave? If yes, period of leave approved and send form to HRSC.

**Signed:** …………………………………………… **Date:** …………………………

If discontinuous leave request, enter 2 week discussion period and see Appendices 910 and 11 of Guidance. Forward this form and copies of any letters to the HR Service Centre once decision reached.

|  |
| --- |
| **6. HRSC USE ONLY** |

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

OR If the employee is the mother, have they returned to work early? YES/NO

Has a Notice of Entitlement and Intention been received? YES/NO

Is the employee eligible for SHPL? YES/NO

Has employee made a previous Period of Leave Notice? YES/NO

If yes how many? ………..

Has the employee made a previous Notice to Withdraw or Vary Period of YES/NO

Booked Leave?

If yes, how many? ………..

Is the employee within the limit of 3\*? YES/NO

\* Maximum **of up to 3** Period of Leave Notices or Notices to Withdraw or Vary Period of Booked Leave can be made

**Appendix 8: Confirmation of Period of SHPL Letter**

**MODEL LETTER – Confirmation of Period of Shared Parental Leave**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**CONFIRMATION OF PERIOD OF SHARED PARENTAL LEAVE**

I acknowledge receipt of your Period of Leave Notice to take Shared Parental Leave commencing on ……………....

We confirm that you are entitled to take Shared Parental Leave as set out in the Notice you submitted and that your maternity/adoption (DELETE ONE) leave and pay curtailment date is ……….OR early return from maternity/adoption (DELETE ONE) leave date is …………………….

I can confirm that your period of Shared Parental Leave will be from ………………………… to ………………………….. **[If leave is discontinuous then please amend as appropriate]** You are expected to return to work on the first working day after your leave period ends.

During your leave period you will receive Statutory Shared Parental Pay of £xxxx from……………………………. to………………………………….

*If leave is discontinuous add additional from …… to……….*

Then, ………… weeks unpaid leave. (if applicable)

If you wish to vary or reduce the leave that you have booked, you must give at least eight weeks’ notice in advance of any amended dates. A notice to vary your booked leave will count as a new notice thereby reducing your entitlement to make three statutory notifications by a further one.

If you have any questions about your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact me.

Yours sincerely

HR Service Centre

c.c – Personal File

Payroll Section – for information

**Appendix 9: Meeting to discuss SHPL Booking Request Letter**

**MODEL LETTER – Meeting to discuss Shared Parental Leave booking request**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**MEETING TO DISCUSS SHARED PARENTAL LEAVE BOOKING REQUEST**

Thank you for your notice to book a period of Shared Parental Leave dated …………. I would like to meet with you to discuss your notification.

A meeting has therefore been arranged at **[location]** on **[date]** at **[time]**. You may, if you wish, be accompanied by a work colleague or trade union representative. Please let me know if this is not suitable and an alternative date and time can be identified.

I will endeavour to grant your request where possible, but we will also need to consider the effects of your proposed pattern of Shared Parental Leave on the organisation, the work of your service and your colleagues. It would be helpful if you are willing at the meeting to discuss possible alternatives to the pattern of leave that you have requested with a view to seeking a compromise arrangement that suits both parties (if this is necessary).

Following the meeting, a decision will be made on the feasibility of your requested pattern of Shared Parental Leave and this will be communicated to you in writing no later than the 14th day after the notification was made. If we cannot agree to your original request or a compromise arrangement by …………….. **[date that is two weeks from the date period of leave notice was submitted]**, you will still have the opportunity to take the leave as one continuous period of leave.

You can also withdraw your Period of Leave Notice requesting discontinuous periods of leave, as long as you do so by ………………… [**date that is 15th day after the Period of Leave Notice was submitted**]. A notice for discontinuous leave that has been withdrawn before it is agreed does not count towards the three requests for Shared Parental Leave that you can make.

Please contact me to confirm whether you are able to attend the meeting suggested above or, if not, to suggest an alternative time and date.

Yours sincerely

Line Manager

c.c - Personal File

**Appendix 10: Confirmation of discontinuous period of SHPL**

**MODEL LETTER – Confirmation of Discontinuous Periods of Shared Parental Leave.**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**CONFIRMATION OF DISCONTINUOUS PERIODS OF SHARED PARENTAL LEAVE**

I refer to your Period of Leave Notice requesting discontinuous periods of Shared Parental Leave and the meeting you attended to discuss your request. At the meeting agreement was reached on the periods of Shared Parental Leave that can be granted. ***[Add, if applicable - Although we were not able to agree to your original request, I am pleased that we were able to reach a compromise.]***Your periods of leave will be as follows [**adapt as required]:**

* Your first period of Shared Parental Leave will start on ………. [date] and finish on ……… [date].
* Your second period of Shared Parental Leave will start on …….. [date] and finish on ……… [date].
* Your third period of Shared Parental Leave will start on ………. [date] and finish on ……… [date].

During each of your periods of Shared Parental Leave, all the terms and conditions of your employment, except your salary, will continue.

If you have any questions about your Shared Parental Leave entitlement, please do not hesitate to contact me.

Yours sincerely

Line Manager

c.c – Personal File

Payroll Section – for information

**Appendix 11: Refusal of a discontinuous SHPL Booking Request Letter**

**MODEL LETTER – Refusal of a discontinuous Shared Parental Leave request**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**REFUSAL OF A DISCONTINUOUS SHARED PARENTAL LEAVE BOOKING REQUEST**

Thank you for your Period of Leave Notice for Shared Parental Leave dated …………………………

Having given the request thorough consideration, I regret that the Council is unable to accommodate the proposed pattern of discontinuous leave you requested **[ *add if applicable* and we are unable to reach a compromise]**. The pattern of leave would ……………………………… **[insert reason(s) for refusal].**

Unless your notice is withdrawn the total amount of leave requested in your notice, amounting to …………… weeks, will automatically become a continuous block. Unless you inform otherwise, this will begin on the date you originally requested your leave period to start i.e on ………………….

If you would like the period to begin on a different date please confirm this to me on or before ……………………Please remember that the start date cannot be sooner than eight weeks from the date your original notice was given.

Alternatively, you may withdraw your Notice on or before ……………... This would then not count as one of your three notifications you are permitted (see Sections 6 and 7 of the Shared Parental Leave Guidance for further information).

If you are unhappy with decision to refuse your discontinuous leave request, you can submit an appeal in writing to your Head of Service within 14 days of receiving this letter. (See Section 6 of the Shared Parental Leave Guidance for further information).

If you have any questions about your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact me.

Yours sincerely

**Line Manager**

cc - Personal file

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|  | Aberdeen City Council | **Appendix 12** |

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| **NOTICE TO WITHDRAW OR VARY A PERIOD OF BOOKED LEAVE** |

This form should be used where an employee has made a previous Period of Leave Notice for Shared Parental Leave and now wishes to withdraw or vary their application.

Any withdrawal or variation notice will count as a new notification (total of 3 notifications are permitted) unless due to a child being born early. See Section 6 of the Shared Parental Leave Guidance for further details).

**This form should be submitted to your line manager at least 8 weeks before your original proposed start date.**

|  |  |  |
| --- | --- | --- |
| **1. PERSONAL DETAILS** | | |
|  | | |
| Name (in full): |  | |
| Employee Pay No: |  | |
| Service/Directorate: |  | |
| Location: |  | |
| Job title: |  | |
| Line Manager: |  | |
|  | |  |

|  |  |
| --- | --- |
| **2. NOTIFICATION** | |
| I previously notified you that I wished to start my Shared Parental Leave on: |  |
| Is this variation due to your baby being born early? (Please circle) YES/NO   |  | | --- | |  |   I notify that I now wish to (Please tick the one box below that applies):   1. Vary the start or end date of my Shared Parental Leave period  |  | | --- | |  |  1. Cancel my request for Shared Parental Leave  |  | | --- | |  |  1. Request that a continuous block of leave becomes discontinuous  |  | | --- | |  |  1. Request that discontinuous blocks of leave become a continuous | | |  |
|  | | |  |

|  |  |  |
| --- | --- | --- |
|  | Aberdeen City Council | **Appendix 12** |

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| **NOTICE TO WITHDRAW OR VARY A PERIOD OF BOOKED LEAVE** |

Please provide details of your request below:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. SIGNATURE** | | | |
|  | | | |
|  | | | |
| **Signed:** |  | **Date:** |  |

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

**Appendix 13: Confirmation of Variation of Booked Leave Letter**

**MODEL LETTER – Confirmation of Variation of Booked Shared Parental Leave**

**PERSONAL**

**(Employee Name)**

**(Job Title**

**(Service)**

**(Directorate)**

**(Location)**

Dear (Employee Name)

**CONFIRMATION OF VARIATION OF BOOKED SHARED PARENTAL LEAVE**

I write to acknowledge receipt of your notice to vary/withdraw your period of Shared Parental Leave.

Your period of leave had been due to start on ………………. and end on ………………….. You now wish to **(CHOOSE RELEVANT OPTION)**

***start your period of leave on ………………. and end on ………………..***

***withdraw your request for leave.***

***change your continuous period of leave to discontinuous periods of leave starting on …………………… and ending on ………………….***

***change your discontinuous periods of leave to a continuous block of leave starting on ………………….. and ending on……………………..***

***Due to your baby being born early, start your period of leave on ……………………….. and end on………………………………***

I confirm that your variation has been accepted. This counts as a new notification in respect of your entitlement to three permitted notifications (***amend if this is not the case due to the baby being born early)***

If you have any questions about your Shared Parental Leave and/or pay entitlement, please do not hesitate to contact me.

Yours sincerely

HR Service Centre

c.c – Personal File

Payroll Section – for information

**Appendix 14: Process Flow**

Continuity of Employment Test (Employee)

**NO**

Maternity/adoption/paternity arrangements now apply

**Employee and Partner** establish Eligibility

**Eligible?**

Employability and Earnings Test (Partner)

**YES**

Early discussion with partner and Line Manager re options

Employee submits Notice of Curtailment of Maternity/Adoption Leave

Employee can vary their Notice of Entitlement and Intent (no limit on number of variations)

HRSC issue Confirmation of Entitlement to SHPL Letter to employee (cc Payroll)

Employee submits Notice of Entitlement and Intention

Employee submits Period of Leave Notice **\*** at least 8 weeks before leave date

**Continuous Leave**

**Discontinuous Leave**

Line Manager issue Request to Discuss Leave letter

HRSC issue Confirmation of Period of Leave letter (cc Payroll)

2 week discussion period

Agree discontinuous leave

Refusal

The employee can withdraw their Notice and it would not be counted as one of 3 permitted Notifications

Booked leave can be varied via Notice to Withdraw or Vary Period of Leave **\***

Take as continuous

If Notice not withdrawn, Line Manager issues Refusal of Discontinuous Leave Booking letter (cc HRSC)

Line Manager issues Confirmation of Period of Discontinuous Leave letter (cc HRSC and Payroll)

HRSC issue Confirmation of Period of Leave letter (cc Payroll)

**\*** An employee can submit up to 3 Period of Leave Notices or Variations