**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