**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