**Form SPL1 - Maternity Leave Curtailment Notice**

**To be completed if you are the Mother and a University employee**

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| --- | --- |
| **Your Details** | |
| Surname: |  |
| First name(s): |  |
| Post Title: |  |
| Organisational Unit: |  |
| Line manager: |  |
| Contact details | Tel:  Email: |
| Employee Number (on payslip) |  |
| **Curtailment date** | |
| I wish to end my ordinary/additional maternity leave and pay (if applicable) on: |  |
| **Declaration** | |
| * I wish to bring my ordinary/additional maternity leave and statutory/occupational maternity pay to an end to be able to take shared parental leave; **AND** * I have also completed and enclose the form providing a notice of entitlement and intention to take shared parental leave (SPL2), or * I declare that my partner has provided a notice of entitlement and intention to take shared parental leave to his/her employer, and that I consent to the amount of leave that he/she intends to take. | |
| **Signed** | **Date** |
| **Notes** | |
| **Copies of completed form to be sent to your Line Manager and People & OD Operations, at least 8 weeks before you wish to curtail your Maternity Leave** (see note below).  Please think very carefully before you submit this form. Once the form is submitted, you can only withdraw this curtailment notice in limited circumstances (see policy).  The date on which you end your maternity leave must be at least:  • eight weeks after the date on which you submit this notice, and  • two weeks after you give birth, and  • one week before what would have been the end of your additional maternity leave. | |

**Form SPL2 – (Maternity)**

**Notice of Entitlement and Intention to take Shared Parental Leave**

**To be completed if you are the Mother and a University employee**

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| **Your Details** | |
| Surname: |  |
| First name(s): |  |
| Post Title: |  |
| Organisational Unit: |  |
| Line manager: |  |
| Contact details | Tel:  Email: |
| Employee Number (on payslip) |  |
| **Section A: information to be provided by employee** | |
| My maternity leave dates | Start date:  End date:  Expected Week of Childbirth (EWC):  Child’s Date of Birth (if child has already been born): |
| Amount of SPL (in weeks) available to me and my partner (i.e. max 52 less the weeks taken as Maternity Leave) | Total available:  Number I intend to take:  Number my partner intends to take: |
| I intend to take SPL on the following dates (include the start and end dates for each period of leave) | Dates from - to: |
| My partner intends to take SPL on the following dates (include the start and end dates for each period of leave) | Dates from – to: |
| I qualify for Statutory Shared Parental Pay and the amount (in weeks) available to me and my partner (i.e. max 39 less the weeks taken as Maternity Leave) | Total available: (complete if applicable) |
| My partner’s name is |  |
| **Declaration to be completed by employee** | |
| I confirm that:   1. I satisfy the following eligibility criteria for Shared Parental Leave or will have satisfied them at the date I take leave:  * I have been employed for 26 weeks at the end of the15th week before my child’s EWC and I will remain in the employment until the start of any Shared Parental Leave * I have main responsibility for the care of my child with the child’s father/ my partner * I am entitled to statutory maternity leave and I have curtailed my period of maternity leave   or have returned to work before the end of my maternity leave   * I have complied with the relevant notification requirements and will provide a copy of the child’s birth certificate as soon as possible.   2) The information given in this notice is accurate and I understand that it is a potential gross misconduct offence to knowingly provide incorrect information  3) I will inform you immediately if I cease to care for my child or if any of the other information contained in this form should change  4) I enclose a declaration from my partner providing the further information he/ she is required to give. | |
| **Signed** | **Date** |
| **Declaration to be completed by employee’s partner** | |
| Surname: |  |
| First name(s): |  |
| Home Address: |  |
| National Insurance Number: |  |
| Employee Number (if you are an employee of the University of Manchester): |  |
| My employer’s details  (if you are not employed by the University of Manchester) | Name of Line Manager:  Address:  Telephone:  Email: |
| I confirm that:  1) I am the father and/ or married to, or the civil partner or partner of the mother (above)  2) I have the main responsibility for the care of our child, with the child’s mother  3) I have been employed or been a self-employed earner in Great Britain in at least 26 of the 66 weeks immediately preceding the expected week of childbirth  4) I have average weekly earnings of at least £30 for any 13 of those 66 weeks, and have paid class 1 or 2 national insurance contributions in those weeks  5) I qualify for Shared Parental Pay YES / NO – *(please circle relevant answer)*  6) I consent to the amount of Shared Parental Leave and pay that the mother intends to take  7) I consent to the University of Manchester processing the information contained in this declaration for the purposes of the mother’s application for Shared Parental Leave. | |
| **Signed** | **Date** |
| **Notes** | |
| **Copies of completed form to be sent to your Line Manager and People & OD Operations, at least 8 weeks before the date you wish to start Shared Parental Leave.**  This notice is to allow the University to check that you are entitled to shared parental leave. It provides your Line Manager with an initial indication of the pattern of leave that you wish to take. Please discuss this with them.  However, in order to book leave you must complete a booking notice form SPL4 at least 8 weeks before you wish to take a period of leave.  **Gov.UK ready reckoner:** <https://www.gov.uk/pay-leave-for-parents> | |

**Form SPL4 – (Maternity/Paternity)**

**Booking Notice to take a period of Shared Parental Leave**

**To be completed by University employees**

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| --- | --- | --- | --- |
| **Your Details** | | | |
| Surname: | | |  |
| First name(s): | | |  |
| Contact details | | | Tel:  Email: |
| Employee Number (on payslip) | | |  |
| **Information to be provided by employee** | | | |
| Further to my Notice of Entitlement and Intention to take Shared Parental Leave - Form SPL2 | | | |
| Amount of SPL (in weeks) still available to me and my partner (i.e. max 52 less the weeks taken as Maternity Leave and any SPL already taken by you and your partner) | | | Total available:  Number of weeks I am requesting to take: |
| Amount of Statutory Shared Parental Pay (in weeks) still available to me and my partner (i.e. max 39 less the weeks taken as Maternity Leave and any SPL already taken by you and your partner) | | | Total available:  Number I am requesting to take: |
| I request to take a continuous period of SPL on the following dates | | | Dates from - to: |
| I request to take a discontinuous period of SPL on the following dates (include the start and end dates for each period of leave) | | | Dates from - to: |
| If your partner intends to take SPL during the period of the dates you have requested above, please provide details | | | Dates from – to: |
| I authorise The University to deduct any overpayment of SShPP or OShPP from my salary as stated in the Shared Parental Leave Policy (section 16). | | | |
| **Signed** | | | **Date** |
| **Notes** | | | |
| **Copies of completed form to be sent to your Line Manager and People & OD Operations, at least 8 weeks before the date you wish to start Shared Parental Leave.**  **Keep a copy of this form** in case you should you need to cancel or vary this request in future – to do so you will need to complete the section below  If you are requesting a period of discontinuous leave you have 2 weeks within which to discuss this with your Line Manager. Please do so as soon as possible as you will need his/her agreement to take this leave.  **Gov.UK ready reckoner:** <https://www.gov.uk/pay-leave-for-parents> | | | |
| **Cancellation or variation of the above request.** | | | |
| I understand that this notice will count as one of the three Booking Notices I can submit. | | | |
| I wish to cancel the leave requested above | | Dates from – to | |
| I wish to vary the leave requested above. I now wish to take leave as follows (please provide details) | | New dates from – to | |
| **Signed** | | **Date** | |
| **Notes** | | | |
| **Copies of completed form to be sent to your Line Manager and People & OD Operations, as follows:**   1. to cancel a period of leave you must submit this form at least 8 weeks before the start date in the SPL Booking Notice. 2. to change the start date for a period of leave, or the length of the leave, you must submit this form at least 8 weeks before the original start date and the new start date. 3. to change the end date for a period of leave you must submit this form at least 8 weeks before the original end date and the new end date. 4. to combine split periods of leave into a single continuous period of leave you must submit this form at least 8 weeks before the start date of the first period. 5. to request that a continuous period of leave be split into two or more discontinuous periods with periods of work in between. We will consider any such request as set out in section 10.17 in the policy. | | | |
| **Withdrawing a request for discontinuous leave – see section 10.17 in the policy** | | | |
| I wish to withdraw my request above for discontinuous leave and I confirm that I am within 15 days of the original request. | Yes /No | | |
| I wish to take the period of discontinuous leave requested as one continuous period. | Dates from - to | | |
| **Signed** | **Date** | | |
| **Notes** | | | |
| 1. You may withdraw request for discontinuous leave at any time up to and including the 15th calendar day after submitting it. In these circumstances the withdrawn form will not count towards the cap of 3 SPL Booking Notices; or. 2. If you have not withdrawn the notice, you will be required to take the total amount of leave requested in one continuous block. You have 5 calendar days at the end of the 2 week discussion period in which to specify the date on which the leave will start. The leave cannot start within 8 weeks of the date that the SPL Booking Notice was submitted. | | | |

**Form SPL5 - Keeping in Touch during Shared Parental Leave (SPLIT) Days Record**

Please complete this record and submit on your return to work from shared parental leave.

Payment will be made and shown on your next available pay slip (depending on the payroll deadlines).

During shared parental leave you may work on a maximum of 20 days without affecting your rights to statutory pay.

You may receive additional payment only for the hours that you work, which is calculated as follows:

* SPLIT day whilst receiving occupational shared parental pay (ie. full pay inclusive of statutory pay) = no additional payment will be made.
* SPLIT day whilst receiving statutory shared parental pay only = the statutory rate will be topped up to your normal basic pay for the hours you work.
* SPLIT day whilst on unpaid shared parental leave = your normal basic pay for the hours you work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATE** | **TIME ATTENDED** | **NUMBER OF HOURS WORKED** | **ACTIVITY DESCRIPTION (optional)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |
| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
| **Employee declaration:**  I confirm that I worked the above hours and wish to claim additional payment (where appropriate) in respect of these | | | | |
| Employee Name: | | | Employee Number: | |
| Faculty/department: | | | Job Title: | |
| Date shared parental leave commenced: | | | Date shared parental leave ended: | |
| Employee Signature: | | | Date: | |
| **Payment authorised by:** | | | | |
| Manager Name: | | | Date: | |
| Manager Signature: | | |  | |

**Manager to send a copy of completed form to People & OD Operations for payment.**

**Form ML/ADL3 - Return to Work Interview Checklist for Maternity, Adoption and Shared Parental Leave**

Following a period of maternity, adoption or shared parental leave it is important to ensure that the employee is supported back into work. The purpose of such an interview is to help them to settle back into their role as smoothly and quickly as possible. Please discuss the following issues either on return to work or during a KIT/SPLIT day. Agree and note down any further steps which should be taken.

|  |  |
| --- | --- |
| How long have you been away from work? |  |
| Did you undertake any keeping in touch days? How beneficial were they?  **(to claim payment complete form ML/ADL4 KIT days record, or SPL5 SPLIT days record )** |  |
| Do you have any childcare issues causing you concern? Are you aware of the support available through the University? (childcare vouchers/ nursery fees salary sacrifice/ on site nurseries). |  |
| Have you had any health problems whilst away? Is there any condition which is still causing concern? |  |
| Do you need to be referred to Occupational Health, Counselling or Disability Support Office? |  |
| Are any adjustments in the workplace required? (e.g. for breast feeding). |  |
| Are you aware of the parents [Peer Support Group](http://www.staffnet.manchester.ac.uk/services/equality-and-diversity/staff-network-groups/returning-from-maternity-leave/) organised through STDU? |  |
| Discuss and clarify work pattern and affect on the role requirements, if returning to different hours.  Are any adjustments required to the role? |  |
| Update on any changes which have occurred in the workplace during your absence (for example – introduce to any new staff; explain any changes in structure, procedures, etc). |  |
| Update on the role, any work that has been undertaken in your absence and what current work is required. |  |
| Is any training required to bring you back up to speed? |  |
| **Employee name:** | **Manager name:** |
| **Employee signature:** | **Manager signature:** |
| **Date completed:** | **Date completed:** |

**Completed form should be kept on file locally by the Line Manager.**