**SHARED PARENTAL LEAVE: APPLICATION FOR FATHER/PARTNER OF MOTHER OF THE CHILD**

**NOTICE OF ENTITLEMENT AND INTENTION TO TAKE SHARED PARENTAL LEAVE**

NOTE:

* Before completing this form, please read the Shared Parental Leave (SPL) Policy.
* You should complete Section 1; your partner should complete Section 2.
* NOT LESS THAN 8 WEEKS’ NOTICE MUST BE GIVEN BEFORE THE START OF SPL.
* Mothers applying for SPL where her partner works for another employer should complete Form A.

**Section 1: Please complete the following if you are the Father/Partner of the Mother of the child/primary adopter:**

|  |  |
| --- | --- |
| Full Name |  |
| Employee number |  |
| Date on which the Mother commenced (or will commence) maternity/adoption leave. |  |
| Expected week of childbirth/date of placement (or actual date of birth) |  |
| Date on which the Mother’s maternity/adoption leave to end  NB. This date must be at least 2 weeks after the birth of the baby. |  |
| Mother’s name |  |

**Details of Shared Parental Leave**

|  |  |
| --- | --- |
| Maximum number of SPL available (i.e. 52 weeks minus the number of weeks’ maternity leave already taken as above) |  |
| Maximum number of weeks of Shared Parental Pay (ShPP) available (i.e. 39 weeks minus the number of weeks’ maternity pay already paid). |  |
| How much SPL do you and your partner each intend to take (in complete weeks)? | Mother:  Partner: |
| Do you intend to take SPL as one continuous block or multiple discontinuous blocks (please check)? | ☐One continuous block  ☐Multiple discontinuous blocks |
| Please give the start and end dates of the SPL that **you** intend to take. |  |

**Declaration**

**Please confirm your eligibility by checking the appropriate boxes below and signing the declaration:**

* I meet the eligibility criteria for shared parental leave (as indicated in the Shared Parental Leave Policy).
* I meet the eligibility criteria for shared parental pay.
* I will inform the University immediately if I cease to meet the conditions for SPL.
* The information I have provided is accurate.

**Signed: Date:**

**Section 2: Please complete the following if you are the Mother/Primary adopter of the child.**

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| National Insurance Number |  |
| Name and address of employer |  |

**Declaration**

**Please confirm your eligibility by checking the appropriate boxes below and signing the declaration.**

* I am the Mother/primary adopter of the child.
* I satisfy the conditions for Shared Parental Leave (see Shared Parental Leave Policy).
* I consent to the amount of leave my Partner intends to take.
* I will inform my Partner if I cease to satisfy the conditions for SPL.
* I consent to Oxford Brookes University receiving this declaration to process this application for Shared Parental Leave.

**Signed: Date:**

**Line Manager’s Approval**

**The completed form should be sent to the Partner’s line manager who will confirm their decision below (see section 6 of the Shared Parental Leave Policy) and forward to the link HR team (copy to you). Note: if you wish to apply for a single block of leave this will automatically be approved. In other cases, your line manager may wish to exercise their discretion.**

* I approve this request for Shared Parental Leave.
* I do not approve this request for the following reasons:

**Signed: Date:**

**Name:**

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