



Shared Parental Leave

Responsible Committee	CLPT People Committee
Date Approved by Committee	Summer Term 2026
Implementation Date	Summer Term 2026
Next Review Date	Summer Term 2027
Policy Owner	Laura Austen, COO

This document has been created to support the mission, values and beliefs of the Creative Learning Partnership Trust:

Our mission.

Creating
transformational
educative opportunities;
promoting **social justice**;



Our values.

Integrity

Courage to do
the right thing, taking
time to care.

*Speaking and acting
truthfully, fairly and upholding
universal, moral principles.*



Collaboration.

Working together,
enabling each
other.

*Working with others to achieve
strategic direction and to
develop mutual trust and
respect.*



Dedication.

Committed to
supporting and
improving.

*Showing commitment to
and responsibility for
strategies and goals.*



Kindness.

Thinking of others and
acting with compassion.

*Demonstrating intentional
actions to show care, respect
and empathy to others.*



Innovation.

Using expertise and
research to
transform.

*Taking a proactive approach to
problem solving, showing
creativity, forward thinking
and adaptability.*



Understanding.

Openness, listening
and valuing one
another.

*Actively listening to others to
gauge the perspectives and
needs of others within
relevant context.*



C

CREATIVE.

Creativity is at the heart of how
we achieve exceptional
educational outcomes. It drives
innovation and empowers us to
transform new and original
ideas into reality, enriching the
learning experience for every
child.

L

LEARNING.

Learning is at the core of all
we do. We are relentless in
our commitment to ensuring
that every child within our
care achieves outcomes
that truly reflect their
potential and aspirations.

P

PARTNERSHIP.

Collaboration and
partnership are key to
continuous improvement. By
working together, we create an
inclusive, supportive, and
responsive organisation that
listens and learns from all
voices.

T

TRUST.

Trust is the foundation of our
culture. It permeates every
aspect of our schools and
organisation, creating
confidence, integrity, and
building strong relationships
across our entire community.

Contents

.....	1
1.0 Scope of policy	4
2.0 What is Shared Parental Leave (ShPL)?.....	4
3.0 Who is eligible to take shared parental leave?.....	4
4.0 How much shared parental leave is available if eligible?	5
5.0 When can shared parental leave start?.....	6
6.0 When do I need to tell my Headteacher that I want to take shared parental leave?	6
7.0 Can I take time off in separate weeks?.....	7
8.0 Can I change my ShPL requests?	8
9.0 Statutory Shared Parental Pay (SShPP)	9
10. What are Shared Parental Leave “in Touch” (SPLIT) days?	10
11. Further Advice	10

This information can be made available in a range of formats and languages including Braille and large print.

If this would be useful, please contact the Headteacher.

1.0 Scope of policy

The policy applies to all employees but does not form part of the contract of employment or any other contract to provide services and can be amended from time to time in consultation with the recognised trade unions.

The policy does not apply once you have left our employment or agency workers, consultants, self-employed contractors or volunteers.

This policy has been implemented following consultation with our recognised Trade unions.

Decisions will be made in line with the scheme of delegation.

2.0 What is Shared Parental Leave (ShPL)?

If you are an eligible parent, Shared Parental Leave (ShPL) allows you to share the care of your child during the first year after birth, adoption, or surrogacy.

If you are a primary caregiver (birth parent, mother, or primary adopter), you can shorten your maternity or adoption leave entitlement, and the remaining unused leave creates a 'pot' of shared parental leave. This shared parental leave can be divided between you and your partner.

Both parents may also be entitled to Shared Parental Pay if eligibility criteria are met.

3.0 Who is eligible to take shared parental leave?

You have to be either:

- the primary caregiver (birth parent/ mother / primary adopter)
- or
- the partner (child's father, spouse, civil partner or partner of the primary caregiver, including same sex).

The below outlines the eligibility criteria for each person to meet.

•

Your Role	Your eligibility criteria	Your partner's requirements
Primary caregiver (birth parent/ mother/ primary adopter)	Employed by the Trust continuously for 26 weeks by the end of the 15th week before childbirth or placement*, remain in	Employed or self-employed for 26 of the 66 weeks before childbirth or placement*, average weekly earnings of at least the maternity allowance

	employment until the week before ShPL, main responsibility for childcare, entitled to statutory maternity or adoption leave, comply with curtailment and notice requirements	threshold for any 13 of those 66 weeks, main responsibility for childcare
Partner of primary care giver	Employed by the Trust continuously for 26 weeks by the end of the 15th week before childbirth or placement*, remain in employment until the week before ShPL, main responsibility for childcare, comply with ShPL notice and evidence requirements	Employed or self-employed for 26 of the 66 weeks before childbirth or placement*, average weekly earnings of at least the maternity allowance threshold for any 13 of those 66 weeks, primary responsibility for childcare, entitled to statutory maternity or adoption leave, pay or maternity allowance, comply with curtailment requirements

* for overseas adoptions, at the end of the week in which you received official notification.

We appreciate this can be complex to determine eligibility so have a look at the Gov.uk website which will help you and your partner.

[Shared Parental Leave and Pay: How it works - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/shared-parental-leave-and-pay-how-it-works)

[Plan your Shared Parental Leave and Pay - GOV.UK](https://www.gov.uk/guidance/plan-your-shared-parental-leave-and-pay)

Prospective parents in a surrogacy arrangement may be eligible for Shared Parental Leave upon becoming parents, provided they intend to apply for a parental order when the child resides with them (if one parent is genetically related) or adopt the child (if there is no genetic relationship) and meet the stated criteria above.

4.0 How much shared parental leave is available if eligible?

Up to 50 weeks ShPL which must be taken within 52 weeks of birth or placement, for parents to share. It can only be taken in complete weeks but can begin on any day of the week.

ShPL can be taken as:

6.1 Curtailment Notice: The primary caregiver needs to give notice to shorten their maternity or adoption leave to create ShPL.

Once given, it can't be revoked (before maternity/adoption leave ends). Exceptions are if: you/ your partner are no longer eligible, the other parent passes away or you gave the notice before the birth or placement (in which case you can revoke up to 6 weeks after, however, you can't then serve another one).

6.2 Opt-in Notices: An opt-in notice confirms your entitlement and intention to take ShPL (required at least 8 weeks before the intended leave date). One opt-in notice is for the primary caregiver and one is for a partner/spouse.

Please note that we reserve the right to request further evidence of eligibility, (to be provided within 14 days of our request) such as:

- the name and address of your partner's employer (or a declaration that they have no employer).
- a copy of: the birth certificate (or declaration if not yet issued), matching certificate, official notification, or parental order (if it has been granted) in the case of surrogacy.
- and/or other documentary evidence from the adoption agency.

6.3 Booking Notice: The final step is giving a booking notice. This form is to give the relevant notice (at least 8 weeks before the ShPL start date) period required for the dates you want to take leave. In most cases, you will provide this at the same time as the opt-in notice. Your Headteacher will consider your request and provide a response in writing within 14 calendar days.

You are entitled to put in up to 3 'booking notices' to take time off.

Forms are available with this policy.

7.0 Can I take time off in separate weeks?

The time off under this provision can be taken either as:

- a 'continuous' block (i.e. one period). We won't turn down these requests, if the leave doesn't exceed total number available to you and you give 8 weeks' notice, or
-

See Table 2 shows one continuous period of ShPL.

		2			6					13																				39																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
--	--	---	--	--	---	--	--	--	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Partner	Paternity	On ShPL (unpaid)	Return to work
---------	-----------	------------------	----------------

- several leave periods with breaks in between, known as ‘discontinuous leave’. The leave cannot start sooner than eight weeks from the date the original notification was submitted. If there are concerns over accommodating such a request, you and your Headteacher will discuss the notice request with a view to agreeing an arrangement that meets both your needs and the organisation’s. We then have 2 weeks to either consent, propose alternatives or refuse your discontinuous leave.

If your Headteacher refuses the request, it must be for valid business or operational reasons and these will be explained including any evidence, in writing. If you are unhappy with the decision, you may use the Resolving Grievances Policy. You can withdraw your request without it counting as one of the 3 ‘booking notices’ within 15 days of your notification. You can also choose to take all leave weeks in a single block by notifying us within 19 days of your original request.

Table 3 shows ‘discontinuous leave’ periods can work.

		2			6					13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								</
--	--	---	--	--	---	--	--	--	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

8.0 Can I change my ShPL requests?

You can change or cancel the dates of any shared parental leave booked if you provide written notice at least eight weeks before the date the variation is due to take effect.

If you vary or cancel your request, including notice to return to work early, it will usually count as a new notification, reducing your right to book/vary leave by one. Exceptions include situations where the child is born early or if we request the date to be changed, with your agreement. Any variations will be confirmed in writing by your Headteacher.

To change ('vary') or cancel the dates of any shared parental leave booked, you must give:

- 8 weeks' notice
- a 'notice to vary leave' notification (forms are available)

Remember: each eligible parent has up to 3 opportunities to either:

- book a block of shared parental leave ('booking notice') or
- change the dates of booked shared parental leave ('notice to vary leave')

9.0 Statutory Shared Parental Pay (SShPP)

You may be entitled to take up to 37 weeks SShPP whilst taking ShPL. SShPP is paid at a rate set by the Government for the relevant tax year and you will either get that or 90% of your average weekly earnings, whichever is lower.

The amount of weeks available to be paid will depend on the amount by which the primary caregiver shortens their maternity/adoption pay period or maternity allowance period. Similar to the shared parental leave, it is essentially creating a 'pot' of shared parental pay out of the unused 'statutory pay' for other types of family leave (maternity /adoption).

SShPP may be payable during some or all of SPL, depending on the length and timing of the leave.

To claim SShPP, you must meet the eligibility requirements for leave and the following conditions:

- The primary caregiver must have been entitled to statutory maternity/adoption pay or maternity allowance and must have cut short their pay/allowance period.
- You must intend to care for the child during the week SShPP is payable.
- Your average weekly earnings for the eight weeks leading up to and including the 15th week before the child's due date/matching date must be at least the lower earnings limit for national insurance contributions.
- You must remain employed with us until the first week of SShPP begins.
- You must give proper notice for ShPL and at least 8 weeks' notice at least 8 weeks before receiving any SShPP, preferably as part of the ShPL notice.
-

Notice must include:

- Start and end dates of maternity/adoption pay or maternity allowance.
- Total SShPP available, amount intended to be claimed by you and your partner, and expected claim dates.
- Signed declaration confirming information accuracy, meeting criteria for SShPP, and agreement to inform the organisation if eligibility changes.

Accompanied by a signed declaration from your partner confirming:

- Agreement to your SShPP claim and processing.
- If primary caregiver, reduction of maternity/adoption pay or allowance.
- Immediate notification if eligibility conditions change.

The previously mentioned forms for leave cover the declarations and notice required for SShPP.

10. What are Shared Parental Leave “in Touch” (SPLIT) days?

SPLIT days are intended to facilitate a smooth return to work for you when returning from shared parental leave. You and your Headteacher can agree on up to 20 days SPLIT days during the SPL period without bringing your period of SPL to an end or impacting on your right to claim ShPP for that week.

SPLIT days are useful for you to:

- Keep up to date with work
- Go to work related activity or training sessions
- Work part of a week to help the team

However, SPLIT days are optional. We have no expectation that you will undertake work and similarly you have no right to demand this. Any agreed work must be with prior mutual agreement.

Part days will count as one SPLIT day. You will receive normal contractual hourly pay for any SPLIT hours worked but this must not exceed a standard working day. Headteachers can agree with you when the payment of when SPLIT days will take place which can either be in the next available payroll month or when your ShPP has run out.

If a SPLIT day occurs during a week when you are receiving ShPP, you will receive your ShPP for the week in which you work a SPLIT day, but any ShPP paid will be offset against any payments made for hours worked.

The ShPL period will not be extended by the number of SPLIT days worked.

After 20 SPLIT days have been worked the current rules will continue and you will lose a week’s ShPP for the week in which the 21st day of work is done as well as end of your ShPL period.

11. Further Advice

If you need any further information about any aspect of this policy, please initially speak to your Headteacher.

Shared Parental Leave forms (Adoption)

Template forms for the primary adopter who's taken adoption leave and/or pay and their partner to confirm entitlement to Shared Parental Leave (SPL) or Shared Parental Pay (ShPP) with their employers.

Forms below that need to be completed if...			
	both parents want to take SPL	just the primary adopter wants to take SPL	just the partner wants to take SPL
Form 1	Yes	Yes	Yes
Form 2	Yes	Yes	No
Form 3	No	No	Yes
Form 4	Yes	No	Yes

- Find advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep copies of any completed forms
- Employers might have their own forms for employees to use.

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay

Form 1: Curtailment of adoption leave and pay (for primary adopter's employer)

SECTION A:	
General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/ or SAP. This form is accompanied by a notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave will end on the date given in section B and my SAP will end on the date given in section C, unless my notice is revoked or there's no entitlement.	
Primary adopter's last name	
Primary adopter's first name(s)	
Primary adopter's Pay Reference	
Expected date of child's placement	Click or tap to enter a date.
Actual date of child's placement (if known)	Click or tap to enter a date.
SECTION B:	
Curtailing adoption leave (must be completed)	
Statutory adoption leave start date	Click or tap to enter a date.
Date statutory adoption leave will come to an end	Click or tap to enter a date.
Total number of weeks of statutory adoption leave taken by the date statutory adoption leave ends	
SECTION C:	
Curtailing adoption pay (only if claiming ShPP)	
SAP start date	Click or tap to enter a date.
SAP end date	Click or tap to enter a date.
Total number of weeks SAP paid by the date SAP ends	
SECTION D:	
Signature (must be completed)	
Signature of adopter	X _____
Date signed	Click or tap to enter a date.

Form 2: Notification that primary adopter is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Primary adopter's last name	
Primary adopter's first name(s)	
Partner's last name	
Partner's first name(s)	
Partners Pay Reference Number	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Date adopter was informed of being matched for adoption	Click or tap to enter a date.
Expected date of child's placement	Click or tap to enter a date.
Actual date of child's placement (if child not yet placed provide this as soon as possible after placement and before SPL)	Click or tap to enter a date.
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave	Click or tap to enter a date.
End date of statutory adoption leave	Click or tap to enter a date.
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	Click or tap to enter a date.
End date of SAP	Click or tap to enter a date.
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the primary adopter) intend to take	
Total number of weeks of SPL partner intends to take	
SECTION D:	
Primary adopter's leave plans (must be completed but is not binding)	
I (the adopter) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION E:	
Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the primary adopter) intend to take	
Total number of weeks of ShPP partner intends to take	
I (the primary adopter) currently expect to take ShPP as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION F:	
Adopter's declaration (must be completed if primary adopter is entitled to adoption leave)	
The following points apply in all circumstances:	
• I am giving notice that I am entitled to and intend to take SPL • I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL • I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL • I will inform my employer immediately if I am no longer responsible for the care of the child • if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date	

that I was notified of having been matched for adoption with the child; and (iii) the date the adoption agency expects to place the child with me • I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • The information provided in this declaration is accurate The following points only apply if section E is completed: • I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child • I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP • I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks • I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks • I will remain employed with this employer until before the date of my first period of ShPP • I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP • The information provided in this declaration is accurate	
Signature of primary adopter	X x
Date signed	Click or tap to enter a date.
SECTION G: Partner's declaration (must be completed)	
• I am the primary adopter's spouse, civil partner or partner living with them and the child in an enduring relationship • I had (or will have) shared responsibility for the child at the time of the placement (along with the primary adopter) • I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which we were notified of being matched for adoption with the child • I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child • I consent to the amount of SPL the primary adopter intends to take, in section D above • I consent to the primary adopter's employer processing the information I have provided • I consent to the amount of ShPP the primary adopter intends to take, in section E above • The information provided in this declaration is accurate	
Signature of partner	X x
Date signed	Click or tap to enter a date.

Form 3: Notice confirming partner is taking SPL but primary adopter is not (for primary adopter's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Primary adopter's last name	
Primary adopter's first name(s)	
SECTION B:	
Confirmation	
• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP, where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP • I consent to my partner's intended claim for SPL and/or ShPP	
Signature (must be completed)	
Signature of primary adopter	X x
Date signed	Click or tap to enter a date.

Form 4: Notification that partner is intending to take SPL (for partner's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the primary adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's last name	
Partner's first name(s)	
Primary adopter's last name	
Primary adopter's first name(s)	
Primary adopter's address	
Primary adopter's National Insurance number (put 'none' if no number is held)	
Date informed of being matched for adoption	Click or tap to enter a date.
Expected date of child's placement	Click or tap to enter a date.
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	Click or tap to enter a date.
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave (if applicable)	Click or tap to enter a date.
End date of statutory adoption leave (if applicable)	Click or tap to enter a date.
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Start date of SAP (if applicable)	Click or tap to enter a date.
End date of SAP (if applicable)	Click or tap to enter a date.
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C:	
Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the adopter's leave and pay entitlements: • If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken • If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
SECTION D:	
Partner's leave plans (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: [Note: It can help to answer this as 'from...to...']	
SECTION E:	
Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take	
Total number of weeks of ShPP primary adopter intends to take	
I (the partner) currently expect to take ShPP as follows: [Note: It can help to answer this as 'from...to...']	
SECTION F:	
Partner's declaration (must be completed)	

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for our child at the time of the child's placement (along with the primary adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner

X

x

Date signed

Click or tap to enter a date.

SECTION G:**Adopter's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) shared responsibility for the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child

- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if section E has been completed:

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in section E above
- I consent to the person who will pay ShPP to my partner processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of primary adopter	X _____
Date signed	Click or tap to enter a date.

Shared Parental Leave forms (Maternity)

Template forms for the mother or birth parent and their partner to confirm Shared Parental Leave (SPL) and Shared Parental Pay (ShPP) entitlement with their employers.

Forms below that need to be completed if...			
	both parents want to take SPL	just the mother or birth parent wants to take SPL	just the partner wants to take SPL
Form 1	Yes	Yes	Yes
Form 2	Yes	Yes	No
Form 3	No	No	Yes
Form 4	Yes	No	Yes

- See advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep a copy of any completed forms.
- Employers might have their own SPL forms for employees to use.
- If the mother or birth parent is getting Maternity Allowance (MA), they need to notify Jobcentre Plus to curtail this entitlement.

Abbreviations used in these forms:

SPL	Shared Parental Leave
ShPP	Statutory Shared Parental Pay
SMP	Statutory Maternity Pay
MA	Maternity Allowance

Form 1: Curtailment of maternity leave and pay (for mother or birth parent's employer – must be completed by mother or birth parent)

SECTION A:	
General (must be completed)	
Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP. I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B. I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Mother or birth parents pay reference	
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if born)	Click or tap to enter a date.
SECTION B:	
Curtailing maternity leave (must be completed)	
Start date of statutory maternity leave	Click or tap to enter a date.
End date of statutory maternity leave	Click or tap to enter a date.
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends	
SECTION C:	
Curtailing statutory maternity pay (SMP) (only if claiming ShPP)	
Start date of SMP	Click or tap to enter a date.
End date of SMP	Click or tap to enter a date.
Total number of weeks of SMP paid by date SMP ends	
SECTION D:	
Signature (must be completed)	
Signature of mother or birth parent	X
Date signed	

	Click or tap to enter a date.
--	-------------------------------

Form 2: Notification that mother or birth parent is intending to take SPL (for their employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the mother or birth parent) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partners Pay Reference number	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before taking SPL)	Click or tap to enter a date.
SECTION B:	
Maternity entitlement details (all answers that apply must be completed)	
Start date of statutory maternity leave	Click or tap to enter a date.
End date of statutory maternity leave	Click or tap to enter a date.
Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends	
Start date of SMP or MA	Click or tap to enter a date.
End date of SMP or MA	Click or tap to enter a date.
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (39 weeks less total number of weeks SMP or	

MA has been paid or will have been paid at date of curtailment)	
SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother or birth parent) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D:	
Mother or birth parent's leave plans (must be completed but is not binding)	
I (the mother or birth parent) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION E:	
Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the mother or birth parent) intend to take	
Total number of weeks of ShPP my partner intends to take	
I (the mother or birth parent) currently expect to take ShPP as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION F:	
Mother or birth parent's declaration (must be completed)	
The following points apply in all circumstances where a mother or birth parent is entitled to maternity leave:	
• I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL	

- I will inform my employer immediately if I am no longer caring for my child
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

•

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I intend to care for my child in the weeks I receive ShPP
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA
- The information provided in this declaration is accurate

Signature of mother or birth parent	X x
Date signed	Click or tap to enter a date.

SECTION G:

Partner's declaration (must be completed)

- I am the father of the child, or at the date of the birth I was (or will be) the mother or birth parent's spouse, the mother or birth parent's civil partner and/or the mother or birth parent's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother or birth parent)
- I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother or birth parent intends to take, as set out in Section D above.
- I consent to the mother or birth parent's employer processing the information I have provided
- I consent to the amount of ShPP which the mother or birth parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	X x
Date signed	Click or tap to enter a date.

Form 3: Notice confirming that partner is taking SPL but mother or birth parent is not (for mother or birth parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the mother or birth parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Mother or birth parent's last name	
Mother or birth parent's first name(s)	
SECTION B:	
Confirmation	
• I am either not entitled to SPL (or ShPP, where relevant), or I do not intend to take SPL (or claim ShPP, where relevant) • I declare that my partner has given notice to their employer to take SPL and/or ShPP • I consent to my partner's claim for SPL and/or ShPP	
SECTION C:	
Signature (must be completed)	
Signature of mother or birth parent	X x
Date signed	Click or tap to enter a date.

Form 4: Notification that partner is intending to take SPL (for partner's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's last name	
Partner's first name(s)	
Mother or birth parent's surname	
Mother or birth parent's first name(s)	
Mother or birth parent's address	
Mother or birth parent's National Insurance number (put 'none' if no number is held)	
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	Click or tap to enter a date.
SECTION B:	
Maternity entitlement details (all answers that apply must be completed)	
Start date of mother or birth parent's maternity leave (if applicable)	Click or tap to enter a date.
End date of mother or birth parent's maternity leave (if applicable)	Click or tap to enter a date.
Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
Start date of SMP or MA (if applicable)	Click or tap to enter a date.
End date of SMP or MA (if applicable)	Click or tap to enter a date.
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks SMP or MA will be reduced by (39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

SECTION C:	
Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the mother or birth parent's leave and pay entitlements. • If the birth mother or birth parent was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother or birth parent was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken • If the mother or birth parent was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid • If the mother or birth parent previously revoked her curtailment notice any SPL that was taken by the partner must be deducted	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
Total number of weeks of SPL the mother or birth parent intends to take (if applicable)	
SECTION D:	
Partner's leave plans (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: [Note: It can help to answer this as 'from...to...']	
SECTION E:	
Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take	
Total number of weeks of ShPP the mother or birth parent intends to take	
I (the partner) currently expect to take ShPP as follows: [Note: It can help to answer this as 'from...to...']	

SECTION F:**Partner's declaration (must be completed)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I am the father of the child, or at the time of the birth I was (or will be) the mother or birth parent's spouse, civil partner and/or partner living with them and the child in an enduring relationship
- I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) shared responsibility for the care of our child at the time of the child's birth (along with the child's mother or birth parent who has made the declaration below)
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of the mother or birth parent's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes their notice to curtail her maternity leave or SMP/MA period
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I intend to care for my child in the weeks I receive ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner



Date partner signed

Click or tap to enter a date.

SECTION G:**Mother or birth parent's declaration (must be completed)****The following points apply in all circumstances:**

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- The information provided in this declaration is correct

Signature	X x
Date signed	Click or tap to enter a date.

SPL forms (for parental order parents entitled to adoption leave and/or pay)

Forms for a parental order parent (POP) who is entitled to adoption leave and/or pay and their partner to confirm their SPL and Shared Parental Pay (ShPP) entitlement with their employers. The parent entitled to adoption leave and/or pay is referred to as the 'parental order parent' in these forms.

Forms below that need to be completed if...			
	both parents want to take SPL	just the POP wants to take SPL	just the partner wants to take SPL
Form 1	Yes	Yes	Yes
Form 2	Yes	Yes	No
Form 3	No	No	Yes
Form 4	Yes	No	Yes

- For more advice on SPL and ShPP go to www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep a copy of any completed forms
- Employers might have their own forms for employees to use

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay
POP parental order parent

Form 1: Curtailment of Adoption Leave and Pay (for parental order parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave (if eligible) will end on the date given in section B and my SAP (if eligible) will end on the date given in section C, unless I revoke my notice or there's no entitlement.	
Parental order parent's last name	
Parental order parent's first name(s)	
Parental order parent's Pay Reference number	
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if born)	Click or tap to enter a date.
SECTION B:	
Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	Click or tap to enter a date.
Date statutory adoption leave will come to an end	Click or tap to enter a date.
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
SECTION C:	
Curtailing adoption pay (SAP) (only if claiming ShPP)	
Start date of SAP	Click or tap to enter a date.
End date of SAP	Click or tap to enter a date.
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D:	
Signature (must be completed)	
Signature of parental order parent	X x
Date signed	Click or tap to enter a date.

Form 2: Notification that parental order parent is intending to take SPL (for parental order parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the parental order parent entitled to adoption leave and/or pay) am entitled to and intend to take SPL (and ShPP if section D is completed).	
Parental order parent's last name	
Parental order parent's first name(s)	
Partner's last name	
Partner's first name(s)	
Partner's Pay Reference number	
Partner's address	
Partner's National Insurance number (put 'none' if no number is held)	
The date the parental order was granted (if applicable and if it has been granted)	Click or tap to enter a date.
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before SPL)	Click or tap to enter a date.
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave	Click or tap to enter a date.
End date of statutory adoption leave	Click or tap to enter a date.
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Start date of SAP	Click or tap to enter a date.
End date of SAP	Click or tap to enter a date.
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks that SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C:	
Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	
Total number of weeks of SPL I (the parental order parent) intend to take	
Total number of weeks of SPL my partner intends to take	
SECTION D:	
Parental order parent's leave plans (must be completed but is not binding)	
I (the parental order parent entitled to adoption leave) currently expect to take SPL as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION E:	
Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the parental order parent) intend to take	
Total number of weeks of ShPP my partner intends to take	
I (the parental order parent entitled to SAP) currently expect to take ShPP as follows:	
[Note: It can help to answer this as 'from...to...']	
SECTION F:	
Parental order parent's declaration (must be completed)	
The following points apply in all circumstances:	
• I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) shared responsibility for the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to adoption leave in respect of my child, my adoption leave period will be reduced and the remainder will be available as SPL • I will inform my employer immediately if I am no longer responsible for the care of the child • I enclose a statutory declaration that I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)	

- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

The following points only apply if section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SAP in respect of the child, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person paying ShPP if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

Signature of parental order parent	X x
Date signed	Click or tap to enter a date.

SECTION G:

Partner's declaration (must be completed)

- I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship
- I had (or will have) shared responsibility for the child at the time of the birth (along with the parental order parent)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of birth
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the expected week of childbirth
- I consent to the amount of SPL which the parental order parent intends to take, as set out in Section D above
- I consent to the parental order parent's employer processing the information I have provided
- I consent to the amount of ShPP which the parental order parent intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	X x
Date partner signed	Click or tap to enter a date.

Form 3: Notice confirming that partner is taking SPL but the parental order parent is not (for parental order parent's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the parental order parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be	
Parental order parent's last name	
Parental order parent's first name(s)	
SECTION B:	
Confirmation	
• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given a notice to their employer to take SPL and/or ShPP • I consent to my partner's intended claim for SPL and/or ShPP	
Signature (must be completed)	
Signature of parental order parent	
Date signed	Click or tap to enter a date.

Form 4: Notification that partner is intending to take SPL (for partner's employer)

SECTION A:	
General (must be completed)	
Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section E is completed).	
Partner's last name	
Partner's first name(s)	
Parental order parent's last name	
Parental order parent's first name(s)	
Parental order parent's address	
Parental order parent's National Insurance number (put 'none' if no number is held)	
The date the parental order was granted (if it has been granted)	Click or tap to enter a date.
Expected date of child's birth	Click or tap to enter a date.
Actual date of child's birth (if child not yet born, provide this as soon as possible after the birth and before I take any SPL)	Click or tap to enter a date.
SECTION B:	
Adoption entitlement details (all answers that apply must be completed)	
Start date of statutory adoption leave (if applicable)	Click or tap to enter a date.
End date of statutory adoption leave (if applicable)	Click or tap to enter a date.
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Start date of SAP (if applicable)	Click or tap to enter a date.
End date of SAP (if applicable)	Click or tap to enter a date.
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (39 weeks less total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C:	
Amount of SPL available (must be completed)	
The total number of weeks of SPL created depends on the parental order parent's leave and pay entitlements: • If the parental order parent was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the parental order parent was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken • If the parental order parent was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks SAP	
Total number of weeks of SPL created (50 max)	
Total number of weeks of SPL I (the partner) intend to take	
Total number of weeks of SPL the parental order parent intends to take (if applicable)	
Section D:	
Indication of Partner's leave intentions (must be completed but is not binding)	
I (the partner) currently expect to take SPL as follows: [Note: It can help to answer this as 'from...to...']	
SECTION E:	
Shared parental pay (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
Total number of weeks of ShPP parental order parent intends to take:	
I (the partner) currently expect to take ShPP as follows: [Note: It can help to answer this as 'from...to...']	

SECTION F:**Partner's Declaration (must be completed)****The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- I am the parental order parent's spouse, civil partner or partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of the 15th week before the expected week of childbirth
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the parental order parent who has made the declaration below)
- If available, I will give my employer evidence in the form of a parental order if my employer asks for this within 14 days of the date of this notice
- I enclose a statutory declaration that my partner and I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child) I (or my partner) have given a period of SPL notice
- I will give my employer the name and address of the parental order parent's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner

Date signed

Click or tap to enter a date.

SECTION F:**Parental order parent's declaration (must be completed)**

The following points apply in all circumstances:

- I had (or will have) shared responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of childbirth
- I have earned in total at least £... in 13 weeks of the 66 weeks preceding the expected week of birth
- I consent to my partner's intended SPL as set out in section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate

The following points only apply if section E has been completed:

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in section E above
- I consent to the person who will pay ShPP to my partner processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my adoption pay
- The information provided in this declaration is accurate

Signature of parental order parent	
Date signed	Click or tap to enter a date.