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| A close up of a logo  Description automatically generated | | | | **Human Resources**  **Shared Parental Leave and Pay –**  **Declaration of Entitlement Form** | | | | | | | | | |
| Please ensure you have read the [Shared Parental Leave Policy](https://www.hud.ac.uk/media/policydocuments/Shared-Parental-Leave-Policy.pdf) before completing this form.  This form should be used to opt-in to the Shared Parental Leave scheme following the birth or placement of a child. This form captures the details required to confirm your eligibility for Shared Parental Leave and provides the University with early notice of the proposed dates on which you are considering taking Shared Parental Leave.  **Providing proposed dates for Shared Parental Leave does not itself count as formally booking a period of Shared Parental Leave**. If you wish to take Shared Parental Leave, then you must submit this form to your manager at least **8 weeks** before the start of the first period of shared parental leave.  You may find the [Gov.UK Plan your Shared Parental Leave and Pay planning tool](https://www.gov.uk/plan-shared-parental-leave-pay) useful to find out how and when you can take Shared Parental Leave alongside maternity, adoption and paternity leave.  In order to calculate the amount of shared parental leave you are eligible for please complete the following: | | | | | | | | | | | | | |
| **Section 1: Basic Details** | | | | | | | | | | | | | |
| Employee Name | |  | | | | | | | | | | | |
| Employee ID Number | |  | | | | | | | | | | | |
| School/Service | |  | | | | | | | | | | | |
| Job Title | |  | | | | | | | | | | | |
| Are you the **birth parent/main adopter** of the child **or** the **spouse/partner** of the birth parent/ main adopter? | | | | | | | | | **Yes** | | | **No** | |
| What is (or was) your child’s expected due date/matching date? | | | | | | | | |  | | | | |
| When will (or has) the birth parent/main adopter’s maternity/adoption leave commence(d)? | | | | | | | | |  | | | | |
| What was your child’s actual date of birth/adoption? (if applicable): | | | | | | | | |  | | | | |
| **Section 2: Notice of Curtailment of Maternity/Adoption Leave** | | | | | | | | | | | | | |
| To create an entitlement to Shared Parental Leave, the birth parent/main adopter must give notice to curtail their entitlement to maternity/adoption leave. This must be at least 2 weeks after birth/adoption.  Please note, you only need to complete one of the following sections:   * Complete Section 2A if you are the **birth parent or main adopter**. * Complete Section 2B if you are the **partner** of the birth parent or main adopter. | | | | | | | | | | | | | |
| **Section 2A:** To be completed by **the birth parent or main adopter** | | | | | | | | | | | | | |
| I wish my maternity/adoption leave and/or pay (if applicable) to end on the following date: | | | | | | | | |  | | | | |
| Signed |  | | | | | | | Date |  | | | | |
| **Section 2B:** To be completed by **the partner** of the birth parent or main adopter | | | | | | | | | | | | | |
| I confirm my partner’s maternity/adoption leave ended (or they have given formal notice for it to end) on the following date: | | | | | | | | |  | | | | |
| Signed |  | | | | | | | Date |  | | | | |
| **Section 3: Shared Parental Leave/Pay Details** | | | | | | | | | | | | | |
| You should only complete the field relating to Shared Parental Pay if you have checked that you are eligible to receive it. | | | | | | | | | | | | | |
| **Total leave/pay entitlement (both parents combined)** | | | | | | | | | **Weeks** | | | | |
| Enter the total number of weeks of **Shared Parental Leave** available **to both parents combined** *i.e., 52 weeks minus the number of weeks maternity/adoption leave/pay taken (or to be taken) by the date you provided in Section 2* | | | | | | | | |  | | | | |
| Enter the total number of weeks of **Shared Parental Pay** available **to both parents combined** *i.e., 39 weeks minus the number of weeks’ pay taken (or to be taken) by the date you provided in Section 2* | | | | | | | | |  | | | | |
| **How leave/pay will be shared between each parent** | | | | | | | | | **Leave** | | **Pay** | | |
| Number of weeks of Shared Parental Leave/Pay **you** intend to take | | | | | | | | |  | |  | | |
| Number of weeks of Shared Parental Leave/Pay the **other parent** intends to take | | | | | | | | |  | |  | | |
| **Section 4: Shared Parental Leave and Pay – Proposed Dates (Non-Binding)** | | | | | | | | | | | | | |
| Please provide the proposed (non-binding) start and end dates (in 1-week blocks) of the Shared Parental Leave (and Pay, only if eligible) that **you** intend to take. This should tally with the number of weeks you have indicated above. | | | | | | | | | | | | | |
| **Shared Parental Leave Dates (From and To)** | | | | | **Total Weeks** | **Shared Parental Pay Dates (From and To)** | | | | **Total Weeks** | | | |
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| The above dates are for information purposes only and are non-binding. If you wish to formally request a period of Shared Parental Leave, then please complete the Shared Parental Leave and Pay – Request to Book Leave Form. | | | | | | | | | | | | | |
| **Section 5: Declarations of Eligibility** | | | | | | | | | | | | | |
| Declarations of eligibility must be provided by both the employee and their partner. **There are separate eligibility criteria for Shared Parental Leave and Shared Parental Pay**.  Where both partners are employees of the University, each individual will still need to complete and submit their own form to their own manager. Please tick if the statement applies, before signing below.  Please note, you only need to complete one of the following sections:   * Complete Section 5A if you are the **University Employee** * Complete Section 5B if you are the **other parent (non-University Employee)** | | | | | | | | | | | | | |
| **Section 5A: To be completed by the University Employee** | | | | | | | | | | | | | |
| **Declaration of Eligibility for Shared Parental Leave** | | | | | | | | | | | | | ✓ |
| I am the birth parent/main adopter of the child or the partner\* of the child’s birth parent/main adopter  \**see* [*the Shared Parental Leave policy*](https://www.hud.ac.uk/media/policydocuments/Shared-Parental-Leave-Policy.pdf) *for definition of partner* | | | | | | | | | | | | |  |
| At the date of the child’s birth/adoption, I will share the main responsibility, with the other parent, for the care of the child | | | | | | | | | | | | |  |
| I confirm that the birth parent/main adopter is/was entitled to statutory maternity/adoption leave and has ended (or given notice to end) their entitlement to this as detailed in Section 2 above  **Or**  If the birth parent/main adopter isn’t/wasn’t entitled to statutory maternity/adoption leave, I confirm that they are/were entitled to statutory maternity/adoption pay or maternity allowance and have ended (or given notice to end) their entitlement to this as detailed in Section 2 above  **Or**  I am the birth parent/main adopter and I am/was entitled to statutory maternity/adoption leave and have ended (or given notice to end) my entitlement to this as detailed in Section 2 above | | | | | | | | | | | | |  |
| I had/will have a minimum of 26 weeks’ continuous service at the end of the 15th week before the child’s expected due date/matching date and I intend to be employed by the University at the start of each period of Shared Parental Leave | | | | | | | | | | | | |  |
| **For employees normally entitled to paternity leave:** I understand that I am not entitled to take statutory paternity leave after taking Shared Parental Leave | | | | | | | | | | | | |  |
| **Declaration of Eligibility for Shared Parental Pay** | | | | | | | | | | | | | ✓ |
| I confirm that the birth parent/main adopter is/was entitled to statutory maternity/adoption pay or maternity allowance and has ended (or given notice to end) their entitlement to this as detailed in Section 2  **Or**  I am the birth parent/main adopter and I am/was entitled to statutory maternity/adoption pay or maternity allowance and have ended (or given notice to end) my entitlement to this as detailed in Section 2 | | | | | | | | | | | | |  |
| I confirm that I have had/will have had average weekly earnings, for the period of 8 weeks leading up to and including the 15th week before the child’s expected due date/matching date, which were/will be no less than the Lower Earnings Limit in force for National Insurance Contributions *(Contact Payroll if necessary)* | | | | | | | | | | | | |  |
| **Summary** | | | | | | | | | | | | | ✓ |
| I have correctly notified the University of my entitlement and will comply with the notice requirements, as outlined in the Shared Parental Leave Policy, for any periods of leave requested (or varied) | | | | | | | | | | | | |  |
| The information I have provided is accurate and I will immediately inform the University if I cease to care for the child or if my eligibility to Shared Parental Leave changes/ceases | | | | | | | | | | | | |  |
| Signed |  | | | | | | | Date |  | | | | |
| **Section 5B: To be completed by the other parent (non-University employee)** | | | | | | | | | | | | | |
| **Declaration of Eligibility** | | | | | | | | | | | | | ✓ |
| I am the birth parent/main adopter of the child or the partner\* of the child’s birth parent/main adopter  \**see* [*the Shared Parental Leave policy*](https://www.hud.ac.uk/media/policydocuments/Shared-Parental-Leave-Policy.pdf) *for definition of partner* | | | | | | | | | | | | |  |
| At the date of the child’s birth/adoption, I will share the main responsibility, with the other parent, for the care of the child | | | | | | | | | | | | |  |
| I have worked/will work for at least 26 weeks out of the 66 weeks leading up to my child’s due date/matching date and in that time earned/will earn an average of at least £30 per week in any 13 of those weeks | | | | | | | | | | | | |  |
| I consent to the amount of Shared Parental Leave (and pay if applicable) that my partner wishes to take and confirm that Section 3 has been completed accurately | | | | | | | | | | | | |  |
| **Other Parent Additional Declarations – if you are the birth parent/main adopter** | | | | | | | | | | | | | ✓ |
| I have ended or given notice to my employer to end my maternity/adoption leave entitlement (including my entitlement to statutory maternity/adoption pay or maternity allowance if applicable) and this has been correctly recorded by my partner in Section 2 | | | | | | | | | | | | |  |
| I will immediately inform my partner if I no longer meet the requirements to curtail my maternity leave (and pay if applicable) | | | | | | | | | | | | |  |
| I consent to the University of Huddersfield processing the information provided in this form | | | | | | | | | | | | |  |
| **Additional Details Required** | | | | | | | | | | | | | ✓ |
| Full Name | | |  | | | | | | | | | | |
| NI Number | | |  | | | | | | | | | | |
| Address | | |  | | | | | | | | | | |
| Are you self employed? | | | **Yes** *If yes, please go straight to the sign and date section below* | | | | **No** *If no, please complete the employer details section below, then sign and date* | | | | | | |
| **Employer Details** | | | | | | | | | | | | | |
| Employer Name | | |  | | | | | | | | | | |
| Employer Address | | |  | | | | | | | | | | |
| Employer HR Contact Name | | |  | | | | | | | | | | |
| Signed |  | | | | | | | Dated |  | | | | |
| **For the purposes of confirming entitlement, the University retains the right, within 14 days of the Shared Parental Leave entitlement notification being given, to request evidence of a birth/adoption.**  **Any information obtained for this purpose will be treated in strict confidence in line with Data Protection requirements and will be destroyed once any eligibility has been confirmed.** | | | | | | | | | | | | | |
| **Please send your completed form to the HR Department – HR@hud.ac.uk** | | | | | | | | | | | | | |