**Notice to Book**

**Shared Parental Leave**

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| Before completing this form, please read the Shared Parental Leave section in the UECS[Family Leave Policies](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff)document. If you have not yet done so, you must also complete the following forms: [Notice of Entitlement and Intention to take Shared Parental Leave](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff), and  [Maternity / Adoption Curtailment Notice](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff). |

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| You should download this form and save it on your computer before completing it. |

**Employee Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | Click to enter text | | | **Forename/s:** | | | | Click to enter text | | |
| **Department:** | | | Click to Select | | | **Contact Telephone Number:** | | | | Click to enter text | | |
| **Contact Email Address:** | | | | Click to enter text | | |
| **My partner is the child’s:** | | | | | | | | | | | | |
| Biological Mother: |  | Biological Father: | |  | Mother’s Partner: | |  | Primary Adopter: |  | | Secondary Adopter: |  |

**Confirmation of Entitlement**

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| I confirm that my partner and I continue to be entitled to take shared parental leave as declared on my Notice of Entitlement and Intention to take Shared Parental Leave Form. |  |

**Details of Shared Parental Leave**

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| **Number of Shared Parental Leave weeks available** (50 weeks minus the number of weeks maternity / adoption leave taken or to be taken) | | | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Leave you will take (provide detail below):** | | | Click to insert number of weeks |
| **Start Date:** | **End Date:** | **Number of Weeks:** | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| **Total number of weeks of Shared Parental Leave your partner will take (provide detail below):** | | | Click to insert number of weeks |
| **Start Date:** | **End Date:** | **Number of Weeks:** | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |

**Details of Shared Parental Pay**

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| --- | --- | --- | --- |
| **Number of weeks Shared Parental Pay available** (37 weeks minus the number of weeks pay already taken by the mother / primary adopter) | | | Click to insert number of weeks |
| **Total number of weeks of Shared Parental Pay you choose to receive (provide detail below):** | | | Click to insert number of weeks |
| **Start Date:** | **End Date:** | **Number of Weeks:** | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| **Total number of weeks of Shared Parental Pay your partner chooses to claim (from their employer) (provide detail below):** | | | Click to insert number of weeks |
| **Start Date:** | **End Date:** | **Number of Weeks:** | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |
| Select Date … | Select Date … | Click to insert number of weeks | |

**Employee Confirmation**

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| --- | --- | --- | --- |
| **Print Name:** | Click to enter text | **Date Signed:** | Select Date … |
| **Signed:** |  | | |
| * Sign the form by either typing your name or uploading a JPEG image of your signature. * Save the completed form and send it by email to [People & Culture](mailto:staffing@essex.ac.uk), and your manager.   This form should be submitted at least 8 weeks before you intend to start your shared parental leave. | | | |