**Form – Notification of Change of Shared Parental Leave (or Pay) Amount**

Please ensure you have read the Shared Parental Leave Policy before completing this form.

This form should be used to notify the University that you (and your partner) wish to vary the way you have chosen to share your shared parental leave entitlement having already submitted an initial Declaration of Entitlement to Shared Parental Leave.

Providing proposed dates for shared parental leave on this form does not itself count as formally booking a period of leave. If you wish to take shared parental leave, please complete the Request to Book (or Vary) Shared Parental Leave form after submitting this declaration of entitlement.

1. **Basic Details**

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee ID Number: |  |
| Job Title: |  |
| School/RI/Service: |  |

1. **Shared Parental Leave/Pay Details**

Please provide the following information in relation to your initial plans (as per your Declaration of Entitlement to Shared Parental Leave) and how this has now changed. You should only complete the fields in relation to shared parental pay if you are eligible to receive it.

|  |  |  |
| --- | --- | --- |
| **2.1** | **Total Leave/Pay Entitlement**  **(as per your initial Declaration of Entitlement to Shared Parental Leave)** | **Weeks** |
| Maximum number of weeks of Shared Parental Leave (SPL) initially available to both parents combined: | |  |
| Maximum number of weeks of Shared Parental Pay (ShPP) initially available to both parents combined: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.2** | **Initial Leave/Pay Allocations**  **(as per your initial Declaration of Entitlement to Shared Parental Leave)** | **Leave** | **Pay** |
| Number of weeks of Shared Parental Leave / Pay **you** initially intended to take: | |  |  |
| Number of weeks of Shared Parental Leave / Pay the **other parent** initiallyintended to take: | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | **How Leave/Pay will now be shared** | **Leave** | **Pay** |
| Number of weeks of Shared Parental Leave / Pay **you** now intend to take overall (i.e. not just from this date but including any weeks already taken): | |  |  |
| Number of weeks of Shared Parental Leave / Pay the **other parent** now intends to take overall (i.e. not just from this date but including any weeks already taken): | |  |  |

1. **Dates Already Taken**

Please provide the details of any Shared Parental Leave (and Pay, if eligible) you have already taken (or are taking at present).

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Parental Leave Dates**  **(To – From)** | **Total**  **Weeks** | **Shared Parental Pay (ShPP) Dates**  **(To-From)** | **Total**  **Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Current Balance**

Please complete the table below to confirm the balance you will take forward from this point (or following your current period of shared parental leave if you are on leave at present).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Your entitlement (from Table 2.3)** | **Total weeks used so far (from Section 3)** | **Remaining balance (in weeks)** |
| **Leave** |  |  |  |
| **Pay** |  |  |  |

1. **Shared Parental Leave and Pay - Proposed Dates (Non-binding)**

Based on your remaining balance in Section 4, 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** now intend to take.

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Parental Leave Dates**  **(To – From)** | **Total**  **Weeks** | **Shared Parental Pay (ShPP) Dates**  **(To-From)** | **Total**  **Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 Request to Book (or Vary) Shared Parental Leave form.

1. **Confirmation of Change**

Please read each section and tick to confirm your understanding before signing below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee – Confirmation of Change** | | | | ✓ |
| I confirm that my partner has notified, or will notify, their employer of this change to the way we intend to use our shared parental leave (and pay, if applicable) entitlement and that the total number of weeks we now intend to share does not exceed our initial joint entitlement | | | |  |
| 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 I am no longer eligible for shared parental leave. | | | |  |
| Signed: |  | Date: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Parent – Confirmation of Change** | | | | ✓ |
| I confirm that my partner (the employee) and I have chosen to change the way we will share our Shared Parental Leave entitlement and that this has been accurately recorded above. | | | |  |
| I confirm that I have notified, or will notify, my employer of this change to the way we intend to share our shared parental leave (and pay, if applicable) entitlement and that the total number of weeks we intend to share does not exceed our initial joint entitlement | | | |  |
| Signed: |  | Date: |  | |

**Completed forms should be returned to your manager and copied to your College/US HR Team**

**Please keep a copy of this form for your own records as you may need to refer to it in the future**