**SPL1 Form**

**Curtailment of Maternity/Adoption Leave and**

**Statement of Entitlement to Shared Parental Leave**

(Declaration if you are the mother/primary adopter and an employee of the University)

For further guidance, please refer to the Shared Parental Leave policy and the associated ‘How To… Guide’, which can be found on the HR webpages. This form is intended to gather the necessary information for us to process your Shared Parental Leave.

You are required to complete this form and upload it, together with your completed SPL3 form, to SuccessFactors when recording your planned leave. Do not record your leave in SuccessFactors until you have all the completed SPL forms.

Prior to completing this form, you should have notified and discussed with your line manager/Head of Department all the necessary information regarding your intended leave, in line with the appropriate timescales, as detailed in the Shared Parental Leave Policy.

Please read the following carefully and complete the required information.

|  |  |
| --- | --- |
| Employee name |  |
| University number |  |
| Department |  |
| Name of other parent/care giver |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date of Maternity/Adoption Leave | |  | |
| End date of Maternity/Adoption Leave (in order to commence SPL) | |  | |
| Expected date of birth/date of placement | |  | |
| Actual date of birth/date of placement | |  | |
| Number of remaining weeks Maternity/Adoption Leave to be converted to SPL (in full weeks, e.g. 52 weeks minus the number of weeks Maternity/Adoption Leave taken or to be taken by the end date of Maternity/Adoption Leave) | |  | |
| The amount of Shared Parental Leave I intend to take (in full weeks)  Please book required dates using the **SPL3** **form** | |  | |
| The amount of Shared Parental Leave my partner intends to take (in full weeks)  Please confirm dates on the **SPL3** **form** | |  | |
| **Declaration:**  I confirm that the above information is accurate and that:   * By the start date of Shared Parental Leave, I will meet the eligibility requirements * I have completed a Period of Shared Parental Leave Notice form (SPL3) to book a period of SPL * If at any time I, or my partner cease to be eligible for SPL and SPL pay, I will immediately inform the University | | | |
| Signed: |  | Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Partner’s details | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | |
| University number (if also a University of Warwick employee) | |  | |  | | |  | |  | | |  | |  | |  | |
| Address (if not a University of Warwick employee) | |  | | | | | | | | | | | | | | | |
| Name and address of employer  (or state if self-employed) | |  | | | | | | | | | | | | | | | |
| National Insurance number | |  |  | | |  | |  | |  |  | |  | |  | |  |
| **Partner’s declaration:**  I confirm that the above information is accurate and that:   * I meet the employment and earnings test * At the date of the child’s birth or placement for adoption, I share main responsibility for the child/children with the University of Warwick’s employee as named above * I have checked and confirm my eligibility * I consent to the amount of Shared Parental Leave that the above employee intends to take * I consent to the University of Warwick processing information contained in this form * I will immediately inform the mother/primary adopter if I cease to satisfy the eligibility conditions.   I am the father of the child  or  I am the spouse/civil partner or partner of the mother/primary adopter | | | | | | | | | | | | | | | | | |
| Signed: |  | Date: | | |  | | | | | | | | | | | | |

**Now scan this form, together with your completed SPL3 form (scan as one .pdf document) and upload to SuccessFactors as part of the online process for recording Shared Parental Leave.**