# Shared Parental Leave - Form 3: Notice of Entitlement and Intention (Partner)

The start date of the first period of shared parental leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.

This notice is to allow LCC to check that you are entitled to shared parental leave and to provide the organisation with an initial indication of the shared parental leave pattern that you wish to take. The notice is not binding, and you must give LCC a period of leave notice at least eight weeks before the first period of shared parental leave in that notice that you wish to take.

Any periods of shared parental leave that you indicate in this notice can be changed at a later date by giving LCC a variation notice.

**Employee details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Click |  | Surname | Click |
|  |
| Resource ID | 2 |  |   |  |   |  |   |  |   |  |   |  | Position title | Click |
|  |  |  |  |  |

**Mother/Adopter leave details**

*Information to be provided by employee*

I wish to provide LCC with an initial indication of my proposed shared parental leave, as well as the required declarations from myself and the mother/adopter.

|  |  |
| --- | --- |
| The mother/adopter's name is: | Click |
|  |
| The mother/adopter's maternity/adoption leave started/is expected to start on: |   | / |   | / |   |
|  | DD |  | MM |  | YYYY |
|  |  |
| The mother/adopter's maternity/adoption leave ended/is expected to end on: |   | / |   | / |   |
|  | DD |  | MM |  | YYYY |
|  |  |
| The mother/adopter received/is expected to receive the following periods of statutory maternity pay/maternity allowance/adoption pay: | Click |
|  |
| My child's expected week of birth is/child was born on/child’s placement: |   | / |   | / |   |
|  | DD |  | MM |  | YYYY |
|  |  |
| The total amount of shared parental leave the mother/adopter and I have available is: | Click |
|  |
| I intend to take the following number of weeks' shared parental leave: | Click |
|  |  |
| The mother/adopter intends to take the following number of weeks' shared parental leave: | Click |
|  |
| I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take): |

|  |
| --- |
|  |
| Start date |   | / |   | / |   |  | End date |   | / |   | / |   |  |
|  | DD |  | MM |  | YYYY |  |  | DD |  | MM |  YYYY |

|  |  |
| --- | --- |
|  |  |
| The total amount of shared parental pay\* the mother/adopter and I have available is: | Click |
|  |
| I intend to take the following number of weeks shared parental pay\*: | Click |
|  |  |
| The mother/adopter intends to take the following number of weeks' shared parental pay\*: | Click |
|  |
| I intend to take shared parental pay on the following dates\*: | Click |
|  |  |
|  | \*If applicable |

**Employee declaration**

I declare that I satisfy/will satisfy the following eligibility requirements to take shared parental leave:

|  |
| --- |
|[ ]  I have/will have 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth/placement and, by the week before any period of shared parental leave that I take, I will have remained in continuous employment with the organisation |
|  |  |
|[ ]  At the date of the child's birth/placement, I have/will have the main responsibility, apart from my partner, for the care of the child |
|  |  |
|[ ]  I will comply with LCC's shared parental leave notice and evidence requirements |
|  |  |
|[ ]  I have complied with LCC's maternity/adoption leave curtailment requirements (SPL Form 1)/returned to work before the end of my statutory maternity/adoption leave period, and will comply with LCC's shared parental leave notice and evidence requirements |
|  |  |
|[ ]  The information that I have provided is accurate |
|  |  |
|[ ]  I am the father of the child, or am married to, the civil partner of, or the partner of, the mother/adopter |
|  |  |
|[ ]  I will immediately inform LCC if I cease to care for the child or if the child's mother/adopter informs me that she has revoked the curtailment of her maternity/adoption leave or pay period |

**Employee’s partner declaration**

*Declaration to be Completed by the Mother/Adopter*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Click |  | Surname | Click |
|  |
| Home address | Click |  |  |
|  |
| National Insurance Number |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |
|  |  |  |  |

|  |
| --- |
|[ ]  I do not have a National Insurance Number |

I satisfy/will satisfy the following eligibility requirements to enable my partner to take shared parental leave:

|  |
| --- |
|[ ]  I have been employed or been a self-employed earner in at least 26 of the 66 weeks immediately preceding the expected week of childbirth/child’s placement |
|  |  |
|[ ]  I have average weekly earnings of at least £30 for any 13 of those 66 weeks |
|  |  |
|[ ]  At the date of the child's birth/placement, I have/will have the main responsibility, apart from my partner, for the care of the child |
|  |  |
|[ ]  I am entitled to statutory maternity leave, statutory maternity pay, maternity allowance or adoption pay in respect of the child |
|  |  |
|[ ]  I have curtailed my maternity/adoption leave/returned to work before the end of my statutory maternity leave period |
|  |  |
|[ ]  I consent to the amount of shared parental leave that my partner intends to take |
|  |  |
|[ ]  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 Lincolnshire County Council processing the information provided in this form |

**Approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee signature | Click |  | Date |   | / |   | / |   |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |
| Mother/Adopter signature | Click |  | Date |   | / |   | / |   |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |
| Manager signature | Click |  | Date  |   | / |   | / |   |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  |
| Manager’s post title | Click |  |  |  |  |  |
|  |  |  |  |  |  |

Please submit the completed form to the relevant email address:

People\_Services\_Corp@lincolnshire.gov.uk (Corporate)

LFR\_payroll@lincolnshire.gov.uk (Fire)

schoolsteam@lincolnshire.gov.uk (Schools)