# Shared Parental Leave - Form 4: Period of Leave Notice Form

You can request to take shared parental leave in one continuous block (in which case the organisation is required to accept the request as long as you meet the eligibility and notice requirements), or as a number of discontinuous blocks of leave (in which case you need LCC's agreement). A maximum of three requests for leave per pregnancy/adoption can normally be made by each parent.

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 confirm to LCC the shared parental leave that you intend to take. You must have already submitted a notice of entitlement and intention before using this form.

LCC recognises that employees' plans can change. However, it is recommended that you and your partner think carefully about your shared parental leave before submitting this form, as opportunities to amend requests for shared parental leave are limited. Apart from exceptional circumstances, you can submit a period of leave notice or a notice that you have changed your mind about shared parental leave dates on a combined total of just three occasions.

You and your partner must take any shared parental leave within 52 weeks of the birth / placement of your child.

**Employee details**

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

**Employee leave notice details**

|  |  |
| --- | --- |
|  | I wish to make an application for a period of continuous shared parental leave (up to 3 periods of continuous leave may be applied for) |
|  |
|  | I wish to make an application for discontinuous leave |

I wish to take the following period(s) of shared parental leave. Please complete either section A or section B.

**Section A**

*Please fill out if your child has already been born/placed or if you know the exact dates on which you would like to take shared parental leave.*

|  |  |
| --- | --- |
| 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): | Click |

**Section B**

*Please fill out if your child has not been born/placed yet and you wish your shared parental leave to start either on the day on which your child is born, or a specified number of days after the day on which your child is born, or after the child has been placed.*

|  |  |
| --- | --- |
| [ ]  | I wish my shared parental leave to start on the day on which my child is born/placed |
| [ ]  | I wish my shared parental leave to start the following number of days after the date on which my child is born/after the child has been placed: | Click |
|  |  |  |
|  |  |  |
|[ ]  I wish my shared parental leave to end the following number of days after the date on which my child is born/placed: | Click |
|  |  |  |

**Approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee 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)