**This form is for QMUL employees requesting a variation to a period of Shared Parental Leave. It must be submitted at least eight weeks before either the original start date, or the new start date, of the period of Shared Parental Leave, whichever is the earliest.**

You can print and fill out this form manually or you can complete and submit it electronically.

You are entitled to submit a total of three notices, including variations, of a period of Shared Parental Leave. This variation form will therefore count as one of these **three** notices.

Your varied period of Shared Parental Leave:

* must take place within the first year of the child’s life
* must take place after the first two weeks of compulsory maternity/adoption leave
* must last at least one week
* must be taken in blocks of complete weeks
* may start on any day of the week
* may be taken as a continuous or discontinuous period (see below)

**Continuous Periods of Leave**

A continuous period of leave is an unbroken period of time between two dates contained within a single notice. For example, a period of six weeks.

If you notify your line manager of a continuous period of Shared Parental Leave, they must accept this.

**Discontinuous Periods of Leave**

Discontinuous periods of leave are two or more periods of time **contained within a single notice.** For example, a period Shared Parental Leave of four weeks, followed by a return to work of two weeks, followed by a further period of Shared Parental Leave of four weeks.

If you notify your line manager of a discontinuous period of Shared Parental Leave, they **do not** have to accept this. You may choose to withdraw the notice (which will not count as one of your three notices), modify the dates or take the leave as a single continuous period.

**Please complete the details below:**

| QMUL Employee Personal Details |
| --- |
| QMUL employee number (found on your payslip or MyHR) |  |
| Title |  |
| First Name |  |
| Surname |  |
| Contact email / phone number |  |
| School / Department / Institute |  |
| Line manager |  |

Please provide details of the **original dates** requested of the Shared Parental Leave period(s) for you and your partner:

|  |  |
| --- | --- |
| **QMUL Employee** | **Partner** |
| **Start Date** | **End Date** | **Start Date** | **End Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide details of the **new dates** of the Shared Parental Leave period(s) you would like to request for you and your partner:

|  |  |
| --- | --- |
| **QMUL Employee** | **Partner** |
| **Start Date** | **End Date** | **Start Date** | **End Date** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

| QMUL Employee Declaration |
| --- |
| I confirm that my partner and I continue to be entitled to take Shared Parental Leave, as previously declared.**Please tick as applicable:**This variation is my [ ]  **2nd** [ ]  **3rd** notice of a period(s) of Shared Parental Leave. |
| **Employee’s signature** |  |
| **Date** |  |

**The QMUL employee should send this form to their line manager to complete the declaration below.**

| Line Manager Declaration |
| --- |
| **Please tick as appropriate:**[ ]  I **approve** this request for the period(s) of Shared Parental Leave outlined above.[ ]  I **do not approve** this request for the **discontinuous** period(s) of Shared Parental Leave outlined above **and** I have informed the employee of my decision in writing.*Please note that if you do not respond to a request for discontinuous Shared Parental Leave within 14 calendar days or if no agreement is reached whereby the employee modifies or withdraws the request, they are entitled to take the time off as one continuous period of Shared Parental Leave. The employee may choose a start date no sooner than eight weeks from the original notification.* |
| **Line manager’s name** *(please print)* |  |
| **Line manager’s signature** |  |
| **Date** |  |

**Please send this form to your HR Administrator.**