**This form (Form 2) is for QMUL employees who are entitled to and intend to take Shared Parental Leave with their partner. It must be submitted at least eight weeks before Shared Parental Leave commences.**

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

The purpose of this form is:

* to confirm that you and your partner are eligible to take Shared Parental Leave
* to confirm the total amount of Shared Parental Leave available to you and your partner
* to give a (non-binding) indication of the dates on which you intend to take Shared Parental Leave

You, (as the QMUL employee), should complete Section 1, Section 2, Section 3, Section 4, Section 5 and Section 6.

Your partner should complete Section 7.

Your line manager should complete Section 8.

This is **not** a formal notification of a period of Shared Parental Leave. Either you or your partner must book a period of Shared Parental Leave when you submit this form.

If your partner is taking the period of Shared Parental Leave, they should book this through their own employer and you do not need to notify QMUL.

If you are taking the period of Shared Parental Leave, or you and your partner are taking Shared Parental Leave at the same time, you must complete the form entitled **‘Notice of a Period of Shared Parental Leave**’ (Form 3).

If you are giving notice of your entitlement and intention to take Shared Parental Leave before your child is born or placed for adoption, you will need to provide HR with your child’s date of birth as soon as is reasonably practicable, and before you take Shared Parental Leave.

| Section 1: 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 |  |

| Section 2: Personal Details of Partner (with whom you intend to share your leave) | |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |
| Home address |  |
| National Insurance Number |  |
| Name of employer  (please state if self-employed) |  |
| Address of employer |  |
| Name of contact at employer (e.g. line manager or HR) |  |
| Contact phone number |  |
| Contact email address |  |

| Section 3: Maternity Leave Details (applicable to the mother or primary adopter, whether they are the QMUL employee or not) | |
| --- | --- |
| Start date of Maternity Leave / Adoption Leave |  |
| End date of Maternity Leave / Adoption Leave\* |  |
| Expected Week of Childbirth or date of birth / adoption |  |

**\*The date when maternity/adoption leave has/was curtailed**

| Section 4: Shared Parental Leave Details (you may find it helpful to refer to the Shared Parental Leave User Guide available on the HR website) | |
| --- | --- |
| Total Shared Parental Leave available (in weeks)  *This is 52 weeks minus any maternity leave or adoption leave already taken, including two weeks compulsory leave.* |  |
| Total Shared Parental Pay available (in weeks)  *This is 39 weeks minus any statutory maternity pay or statutory adoption pay already taken, including pay over the two weeks’ compulsory leave.* |  |
| Intended start and end date(s) of your (the QMUL employee’s) continuous or discontinuous period(s) of Shared Parental Leave |  |
| Your intended return to work date |  |

| Section 5: Enclosures |
| --- |
| I enclose the following documents with this form: |
| A **‘Notice to end Maternity Leave / Adoption Leave’** form (Form 1) - applicable if the QMUL employee is the biological mother or primary adopter |
| A **‘Notice of a Period of Shared Parental Leave’**form (Form 3) - applicable if you are taking a period of Shared Parental Leave or you and your partner are taking a period of Shared Parental Leave at the same time |
| A copy of the child’s birth certificate / adoption matching certificate (or MATB1 form in the case of notices submitted before the date of birth). |

| Section 6: QMUL Employee Declaration | |
| --- | --- |
| I meet the following eligibility requirements to take Shared Parental Leave, or will meet them by the date on which I take the Shared Parental Leave:   * I have a partner, with whom I have main responsibility for the care of the child at the date of birth. * I had been employed by QMUL for 26 weeks by the end of the 15th week before the Expected Week of Childbirth and I will remain in QMUL’s employment until the week before my first period of Shared Parental Leave. * I have complied with the relevant notification requirements and provided any additional evidence requested.   I can confirm that:  I am the biological mother / primary adopter of the child and am entitled to Statutory Maternity Leave which I have ended early by providing a *‘*Notice to End Maternity Leave / Adoption Leave’ (Form 1), or by returning to work  **Or**  I am the partner / secondary adopter of the child and the biological mother / primary adopter of the child meets the ‘employment and earnings test’  I understand that QMUL may contact my partner’s employer to confirm the information provided above.  The information I have given in this notice is accurate.  I will inform HR immediately if I cease be eligible for Shared Parental Leave. | |
| **QMUL employee’s signature** |  |
| **Date** |  |

| Section 7: Partner Declaration | |
| --- | --- |
| I meet the following eligibility requirements which allow the QMUL employee named above to access Shared Parental Leave:   * My partner is the QMUL employee named above, with whom I have main responsibility for the care of the child at the date of birth.   I can confirm that:  I meet the ‘employment and earnings test’ which requires me to have been engaged in employment or self-employed for 26 weeks in the 66 weeks preceding the Expected Week of Childbirth **and** I have had average weekly earnings above the maternity allowance threshold in 13 of these 66 weeks.  **Or**  I am entitled to maternity/adoption leave and/or SMP or Maternity Allowance (MA) in respect of the child and I have curtailed (or will curtail) my entitlement to maternity/adoption leave (or I have returned to work) and/or my entitlement to SMP or MA.  I consent to the QMUL employee named above taking the amount of Shared Parental Leave set out in this notice.  I consent to QMUL using the information contained in this declaration to process this Shared Parental Leave application.  I consent that I will immediately inform my partner if I revoke my notice to curtail my maternity/adoption leave, if I am not entitled to maternity/adoption leave, my SMP or MA allowance.  I understand that QMUL may contact my employer to confirm the information provided above.  The information given in this notice is accurate to the best of my knowledge.  I will inform the QMUL employee named above immediately if I cease to be eligible for Shared Parental Leave. | |
| **Partner’s name** *(please print)* |  |
| **Partner’s signature** |  |
| **Date** |  |

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

| Section 8: QMUL Line Manager Declaration | |
| --- | --- |
| I have received and noted this request to take Shared Parental Leave. | |
| **Line manager’s name** *(please print)* |  |
| **Line manager’s signature** |  |
| **Date** |  |

**Please send this form and accompanying documents to your HR Administrator.**