**Shared Parental Leave – Request Form**

HR 02/24

Before completing this form, please read the College’s [Shared Parental Leave Policy](https://www.imperial.ac.uk/human-resources/leave/family-leave/shared-parental/). Please email the completed form to your line manager and HR Team **at least 8 weeks** before the start date of the first period of Shared Parental Leave, retaining a copy for your records.

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| --- | --- | --- | --- |
| **CID:** |  | **Title:** |  |
| **Surname:** |  | **First Name:** |  |
| **Dept/Div/Sch/Inst:** |  | **Section/Group** |  |

|  |  |
| --- | --- |
| *\*complete as applicable*  **Child’s Due Date\*** |  |
| **Date of Birth\*** |  |
| **Expected Date of Placement (for adoption leave)\*** |  |
| **Date of Placement (for adoption leave)\*** |  |
| **Maternity/Adoption Leave start date** |  |
| **Maternity/Adoption Leave end date** |  |
| **Paternity/Maternity/ Support leave start date** |  |
| **Paternity/ Maternity Support Leave end date** |  |
| **Total number of weeks SPL entitlement**  *This refers to SPL weeks entitlement not weeks paid, e.g., if the birth parent has taken 20 weeks maternity leave (including 2 weeks compulsory maternity leave), 32 weeks would remain for both parents to take as SPL.* |  |

**Employee Declaration**

Please be aware that you must be able to tick all boxes in the declaration below to be entitled to Shared Parental Leave.

|  |  |  |  |
| --- | --- | --- | --- |
| * I am the biological and/or birth parent or primary adopter; or the partner of the birth parent/primary adopter. | | |  |
| * I have (or share with the other parent) the main responsibility for the care of the child and I am taking Shared Parental Leave in order to care for the child. | | |  |
| * I have at least 26 weeks continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child | | |  |
| * I intend to be in continuous employment until the week before any Shared Parental Leave is taken. | | |  |
| * I agree to notify the College immediately if I cease to meet the conditions for entitlement to Shared Parental Leave or Statutory Shared Parental Leave Pay. | | |  |
| * I am eligible to take maternity/adoption leave and have given notice to IC that I will not take the full 52 weeks leave *or* my partner is eligible to take maternity/adoption leave and has given notice to their employer that they will not take the full 52 weeks leave. | | |  |
| **Date notice given to employer to curtail maternity/adoption leave**  *The date of curtailment must be before you start your SPL* | |  | |
| **Please state which of the two SPL schemes you are applying for:**   1. **Statutory[[1]](#footnote-1)** 2. **College[[2]](#footnote-2)** |  | | |

Please fill out the tables below using the abbreviations below to outline your leave plan. Please add additional rows as required.

**MAT –** Maternity leave, **UMAT** – Unpaid Maternity Leave, **ADOP –** Adoption Leave, **SPL** – Shared Parental Leave, **USPL** – Unpaid Shared Parental Leave, **PMSL –**Paternity/Maternity Support Leave, **SPLIT –** Shared Parental Leave in Touch day, **SHPP** – Statutory Shared Parental Leave

**EMPLOYEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **START DATE** | **END DATE** | **LEAVE TYPE** | **NUMBER OF WEEKS** |
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**PARTNER OF EMPLOYEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **START DATE** | **END DATE** | **LEAVE TYPE** | **NUMBER OF WEEKS** |
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**Completed by Employee**

**I confirm that I have read the Shared Parental Leave Policy and that the declaration of eligibility and the details given above are correct.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration of Employee’s Partner**

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| --- | --- | --- |
| **Partner’s Full Name** |  | |
| **Partner’s NI number** |  | |
| **Name of Partner’s Employer** |  | |
| **Contact at Partner’s Employer** (including job title, telephone number and email address) |  | |
|  |  | |
| **Address of Partner’s Employer** |  | |
|  |  | |
| **Partner’s CID Number:**  (please provide if your partner is a current employee at Imperial College) |  | |
|  |  | |
| * I have worked/will work (as an employee, agency worker, or on a self-employed basis) for at least 26 weeks of the 66 weeks before the expected week of childbirth or by the end of the week in which I am notified that I have been matched with a child for adoption; **and** | |  |
| * In 13 weeks of that 66 week period I have, will have earned an average of £30 per week, and have paid either class one or class two National Insurance Contributions in those weeks (or hold an exemption certificate for those weeks). | |  |
| * I agree to inform your employee immediately if I cease to meet the two conditions above. | |  |

If you are the mother/main adopter:

|  |  |
| --- | --- |
| * I have curtailed my maternity leave and pay/ adoption leave and pay/maternity allowance or will have done so by the time your employee starts shared parental leave. |  |

**I confirm that the declaration of eligibility and details given above are correct and that I consent to Imperial College processing the information contained in this declaration.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Line Manager**

**I confirm that I have read the above form, made arrangements to discuss the employee’s Shared Parental Leave plan with them and will confirm the outcome of any leave request to Human Resources within 7 calendar days. (If there is a concern with this deadline, I will contact Human Resources)**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Line Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Length of service requirement: 26 weeks’ continuous service with the College by the end of the 15th week before either the expected week of childbirth or adoption. [↑](#footnote-ref-1)
2. Length of service requirement: more than 26 weeks’ service with the College at the qualifying week (15th week before the expected week of childbirth or adoption) [↑](#footnote-ref-2)