King's College Hospital
NHS Foundation Trust

## APPLICATION FOR SHARED PARENTAL LEAVE
## (Father of the Child or Partner of the Mother, Primary Adopter or Parental Order Parent)

**Please Note: This form is only compatible with Internet Explorer and Adobe Reader**

This form should be completed by an employee who wishes to provide notice of their intention to take Shared Parental Leave.

You are entitled to take up to a maximum of 3 separate periods of Shared Parental Leave.

**Please note this form must be completed in line with the trust's Shared Parental Leave Policy available via the trust's intranet.**

Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090

Mandatory Field; if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again

Following completion this form may be submitted by e mail to kch.payrollandexpenses@nhs.net

**If completing this form by hand please complete in CAPITALS and use BLACK INK only.**

## 1. EMPLOYEE DETAILS

Assignment No. * | | | | | | | | | - | |

Position Number * | |

Surname * | |

Forename(s) * | |

Job Title * | |

## 2. SHARED PARENTAL LEAVE DETAILS

**This section is to confirm the number of weeks of Shared Parental Leave you wish to request:**

Total number of weeks of Shared Parental Leave available *
*(52 – Number of weeks Maternity / Adoption Leave taken)* | |

I intend to commence Period 1 of my Shared Parental Leave on * | D D M M Y Y Y Y |

I intend to end Period 1 of my Shared Parental Leave on * | D D M M Y Y Y Y |

I intend to commence Period 2 of my Shared Parental Leave on | D D M M Y Y Y Y |

I intend to end Period 2 of my Shared Parental Leave on | D D M M Y Y Y Y |

I intend to commence Period 3 of my Shared Parental Leave on | D D M M Y Y Y Y |

I intend to end Period 3 of my Shared Parental Leave on D D M M Y Y Y Y

Number of weeks of Shared Parental Leave my partner intends to take *

## 3. SHARED PARENTAL LEAVE PAY DETAILS

**This section is to confirm the number of weeks of Shared Parental Leave Pay you wish to request:**

Total number of weeks of Shared Parental Leave Pay available *
*(39 – Number of weeks Occupational and/or Statutory Maternity / Adoption Pay received)*

I intend to commence Period 1 of my Shared Parental Pay on* D D M M Y Y Y Y

I intend to end Period 1 of my Shared Parental Pay on* D D M M Y Y Y Y

I intend to commence Period 2 of my Shared Parental Pay on D D M M Y Y Y Y

I intend to end Period 2 of my Shared Parental Pay on D D M M Y Y Y Y

I intend to commence Period 3 of my Shared Parental Pay on D D M M Y Y Y Y

I intend to end Period 3 of my Shared Parental Pay on D D M M Y Y Y Y

Number of weeks of Shared Parental Pay my partner intends to take *

## 4. DECLARATION – TO BE COMPLETED BY THE EMPLOYEE

**I can confirm I satisfy the following eligibility requirements to take Shared Parental Leave**

I will have 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth and, by the week before any period of Shared Parental Leave that I take, I have remained in continuous employment with Kings College Hospital NHS Trust * Yes ☐ No ☐

**OR**

I will have 26 weeks' continuous service at the week I was notified of our matching to a child by the adoption agency

From the date of the child's birth or matching date I will have the main responsibility, apart from my partner, for the care of the child * Yes ☐ No ☐

I am the father of the child or am married to, the civil partner of, or the partner of the mother / primary adopter / parental order parent * Yes ☐ No ☐

I will immediately inform the trust if I cease to provide care for the child * Yes ☐ No ☐

## 5. DECLARATION – TO BE COMPLETED BY THE EMPLOYEE'S PARTNER

**This section is to confirm your partners details:**

Surname *

Forename(s) *

Address *

Post Code *

National Insurance Number *

Maternity / Adoption Leave Start Date * (D D M M Y Y Y Y)

Maternity / Adoption Leave End Date * (D D M M Y Y Y Y)

Expected Week of Confinement / Matching Date * (D D M M Y Y Y Y)

Start Date of Occupational and/or Statutory Maternity / Adoption Pay Or Maternity Allowance * (D D M M Y Y Y Y)

End Date of Occupational and/or Statutory Maternity / Adoption Pay Or Maternity Allowance * (D D M M Y Y Y Y)

Return Notice Given * (D D M M Y Y Y Y)

Return to Work Date * (D D M M Y Y Y Y)

**I can confirm I satisfy / will satisfy the following eligibility requirements to enable the mother/ primary adopter / parental order parent 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 * Yes ☐ No ☐

I have had an average weekly earnings of at least £390 for any 13 of those 66 weeks * Yes ☐ No ☐

Employers name *

Employers Address *

Post Code *

From the date of the child's birth or matching date I will have the main responsibility, apart from my partner, for the care of the child * Yes ☐ No ☐

I am entitled to statutory maternity/adoption leave, statutory maternity/adoption pay or maternity allowance in respect of the child * Yes ☐ No ☐

I have curtailed my maternity/adoption leave or returned to work before the end of my statutory maternity leave period * Yes ☐ No ☐

I consent to the amount of Shared Parental Leave to be taken set out in Section 2 of this form * Yes ☐ No ☐

I will immediately inform my partner if I no longer meet the requirements to curtail my maternity/adoption leave * Yes ☐ No ☐

I consent to the trust processing the information provided in this form * Yes ☐ No ☐

Authorised Signature* Date* D D M M Y Y Y Y

## 6. YOUR AUTHORISATION

I have read the Shared Parental Leave Policy and accept the conditions outlined in it.

Authorised Signature* Date* D D M M Y Y Y Y

Contact No. *

Work Email Address *

## 7. MANAGER AUTHORISATION

The dates given and entitlement to Shared Parental Leave and Pay are accurate.

Employee No*

Forename*

Surname*

Authorised Signature not required if being submitted electronically from your NHS e mail account Date* D D M M Y Y Y Y

Contact No.*

Work Email Address *

Check & Save Form

Clear Form