NHS
King's College Hospital
NHS Foundation Trust

APPLICATION FOR SHARED PARENTAL LEAVE
(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.

This form must be completed following the completion of a Return From Maternity / Adoption Leave Form; completed at least 8 weeks prior to the end of the leave period.

The Return From Maternity / Adoption Leave Form provides your Return Date .

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 email 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:

Return Date Given* D D M M Y Y Y Y   Return Date* D D M M Y Y Y Y

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 entitled to Maternity / Adoption Leave. I have reduced my Maternity/ Adoption Leave period to allow the remaining weeks to be available for Shared Parental Leave* Yes ☐ No ☐

I have complied with the trust's Maternity / Adoption Leave return requirements and returned to work before the end of my Statutory Maternity / Adoption Leave period* 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 *

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 the father of the child, or I am married to, the civil partner of, or the partner pf the employee detailed in Section 1 of this form * Yes ☐ No ☐

I consent to the amount of Shared Parental Leave to be taken as detailed in Section 2 of this form * 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