



Entitlement to Shared Parental Leave Form – Paternity (SPL1B)

You should use this form if you want to take Shared Parental Leave following a period of Paternity Leave. There are alternative forms available on the Intranet to use if you want to take Shared Parental Leave and haven't been on Paternity Leave, or you can contact HR Services on 0330 606 1001 to ask for an alternative form.

Colleague details (to be completed by the colleague)

Colleague name	
Employee number	
Business / Location	

Notification of entitlement (to be completed by the colleague)

I declare that I meet the criteria below:

- I am the child's father/spouse, civil partner or partner of the child's mother
- I will have the main caring responsibility for the child (along with my partner/my child's mother)
- I will have worked for the Co-op for at least 26 weeks at the end of the 15th week before the week in which my child is due
- I am aware that I must still be employed in the week before any Shared Parental Leave is to be taken.

I confirm that I will inform the Co-op should my partner/my child's mother withdraw her Maternity Leave curtailment notice.

I declare that the information I have given is accurate.

I understand that, if requested by my partner's employer, the Co-op may confirm in writing to them that I meet the eligibility criteria for Shared Parental Leave.

Child's due date		Child's actual date of birth (if known)	
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Intended time to be taken as Shared Parental Leave (to be completed by the colleague)

<p>Please note this is not a request for leave, but an indication of your intention to take Shared Parental Leave.</p>			
<p>Total Maternity Leave taken</p>	<p>..... weeks</p>	<p>Remaining SPL available per couple</p>	<p>..... weeks</p>
<p>Please detail below how you intend to take Shared Parental Leave/share the Shared Parental Leave between you. The maximum amount of leave that can be shared is 50 weeks.</p>			
<p>Please note: You do not have to take Shared Parental Leave as detailed above. You will be able to confirm your requested dates on SPL Form 2 – Shared Parental Leave Application.</p>			
<p>Colleague's signature</p>		<p>Date</p>	

Colleague's partner details (to be completed by your partner/your child's mother)

Name	
Address	
National Insurance Number	
Name and address of employer	

Notification of entitlement (to be completed by your partner/your child's mother)

I confirm that I have ended my Maternity Leave by either returning to work, or informing my employer that I wish to end my Maternity Leave/Statutory Maternity Pay/Maternity Allowance.

I declare that I meet the criteria below:

- I will have the main caring responsibility for the child (along with my partner/my child's father)
- I have worked in Great Britain for at least 26 weeks out of the 66 weeks up to expected week of childbirth and have earned £30 per week in 13 of those weeks
- I am entitled to Statutory Maternity Leave, Statutory Maternity Pay or Maternity Allowance.

I confirm that I will inform my partner/my child's father immediately if I withdraw my curtailment of Maternity Leave/Pay/Allowance.

I confirm that I agree to my partner/my child's father taking the amount of Shared Parental Leave s/he has detailed above.

I confirm that I agree to the Co-op processing the information about myself which I have provided in this form.

Maternity Leave started on		Maternity Leave to end on	
Partner's signature		Date	

Please return this form to HR Services, 7th Floor, 1 Angel Square, Manchester, M60 0AG.

HR Services will send you a letter to confirm they have received this form, along with a copy of Form 2. You should use this to book periods of Shared Parental Leave. HR Services will also notify your manager of your entitlement to take Shared Parental Leave.