

Maternity Curtailment and Entitlement to Shared Parental Leave Form (SPL1A)

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

Colleague details (to be completed by the mother)

Colleague name	
Employee number	
Business / Location	

Maternity curtailment and notification of entitlement (to be completed by the mother)

I give notice that I wish to bring to an end my Maternity Leave and confirm that I meet the criteria below:

- I have the main caring responsibility for my child (along with my partner/my child's father) and I will inform the Co-op immediately if this changes
- I am entitled to Statutory Maternity Leave
- 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 to be born
- I am aware that I must still be employed in the week before any Shared Parental Leave is to be taken.

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 and tell them how much Maternity Leave I intend to take up until I end it.

Maternity Leave started on		Maternity Leave to end on	
Child's due date		Child's actual date of birth (if known)	

Intended time to be taken as Shared Parental Leave (to be completed by the colleague)

Please note this is not a request for leave, but an indication of your intention to take Shared Parental Leave.			
Total Maternity Leave Taken weeks	Remaining SPL available per couple weeks
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>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>			
Colleague's signature		Date	

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

Name	
Address	
National Insurance Number	
Name and Address of employer	

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

I declare that I meet the criteria below:

- I am the child's father / mother's partner
- I will have the main caring responsibility for the child (along with my partner/ my child's mother)
- 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 confirm that I agree to my partner/ my child's mother taking the amount of Shared Parental Leave she has detailed above.

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

Partner's signature		Date	
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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 SPL Form 2. You should use this form to book periods of Shared Parental Leave. HR Services will also notify your manager of your entitlement to take Shared Parental Leave.