



Entitlement to Shared Parental Leave Form - Co-Adopter (SPL1D)

You should use this form if you want to take Shared Parental Leave following a period of Paternity Leave where you are the Co-adopter. 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 as the Co-adopter, or you can contact HR Services on 0330 606 1001 to ask for an alternative form.

Colleague details (to be completed by the colleague, as the Co-adopter)

Business/Location	
Colleague name	
Employee number	

Notification of entitlement (to be completed by the colleague, as the Co-adopter)

I declare that I meet the criteria below:

- I am the Co-adopter
- I will have the main caring responsibility for the child (along with my partner/Main Adopter)
- I will have worked for the Co-op for at least 26 weeks at the point of being matched with my child for adoption.

I confirm that I will inform the Co-op should my partner/Main Adopter withdraw his/her Adoption 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.

Matching date		Placement date	
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Intended time to be taken as Shared Parental Leave (to be completed by the colleague, as the Co-adopter)

<p>Please note this is not a request for leave, but an indication of your intention to take Shared Parental Leave.</p>			
<p>Total Adoption 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/Main Adopter)

Name	
Address	
National Insurance Number	
Name and Address of employer	

Notification of entitlement (to be completed by your partner/Main Adopter)

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

I declare that I meet the criteria below:

- I will have the main caring responsibility for the child (along with my partner/Co-adopter)
- I have worked in Great Britain for at least 26 weeks out of the 66 weeks at the point of being matched with my child for adoption and have earned £30 per week in 13 of those weeks
- I am entitled to Statutory Adoption Leave or Statutory Adoption Pay.

I confirm that I will inform my partner/my child's Co-adopter immediately if I withdraw my curtailment of Adoption Leave/Pay.

I confirm that I agree to my partner/my child's Co-adopter 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.

Adoption Leave started on		Adoption 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.