



If you have any questions about Shared Parental Leave, please contact HR Services on 0330 606 1001.

Business / Location	
Colleague name	
Employee number	

Date of request: ____/____/____		This is my: 1 st request <input type="checkbox"/> 2 nd request <input type="checkbox"/> 3 rd request <input type="checkbox"/>	
I would like to take Shared Parental Leave as:			
Single continuous period of leave <input type="checkbox"/>		or Multiple blocks of leave <input type="checkbox"/>	
Please provide the dates when you would like to take Shared Parental Leave. If you're requesting multiple blocks of leave, please clearly state the start and end dates of each block of leave requested:			
Colleague's name		Colleague's signature	

Manager's response (to be completed by the authorising manager)

Please note, if the request is for one continuous period of leave, it can't be declined.

I can confirm that your request to take Shared Parental Leave on the above dates has been agreed/declined* (*delete as applicable)			
If declined, please detail other options considered:			
If alternative dates can be approved, please detail below:			
Manager's name		Manager's signature	

Withdrawal of request (to be completed by the colleague where applicable)

If you make a request to take Shared Parental Leave in discontinuous blocks and this is declined, you can withdraw it at any time up to 14 days after you submitted the request. This will then not count towards your three requests.

I can confirm that I would like to withdraw the above request.		Date: ____/____/____	
Colleague's name		Colleague's signature	

Note to the manager

If you approve the request, you should return this form to HR Services, 7th Floor, 1 Angel Square, Manchester. M60 0AG or email to HRServices@co-operative.coop.

If you decline the request, this form should be stored securely for 19 days. If, after 14 days from the date of the original submission, the request hasn't been withdrawn, and after 19 days the requested start date hasn't been changed, you should complete the declaration below and return this form to HR Services, 7th Floor, 1 Angel Square, Manchester, M60 0AG or email to HRServices@co-operative.coop. The request will then default to one continuous period of leave for the total time originally requested, beginning on the date the first block of leave was originally requested to start.

Manager's declaration (to be completed by the authorising manager for appropriate declined requests)

I declare that 14 days after the above request was submitted the colleague has not withdrawn this request, and after 19 days the colleague has not advised that they wish to alter the start date of their Shared Parental Leave.		Date: ____/____/____
Manager's name		Manager's signature

HR Services will let you know that they have received this form, and will send a letter to the colleague to confirm the approved period(s) of Shared Parental Leave.