Payroll Use Only - Staff Member Number

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| --- | --- | --- | --- | --- |
| **MP’s Name** | CAPITAL LETTERS |  | **Constituency** | CAPITAL LETTERS |
|  | |  |  | |

Staff Members with a child due to be born or placed for adoption on or after 5 April 2015 who wish to take shared parental leave (SPL) to share the main caring responsibilities with the other parent/partner must submit this form to their Line Manager/MP **at least eight weeks** before the start date of the first period of SPL.

To be entitled to SPL you must:

* be the mother, father, or main adopter of the child, or the partner of the mother or main adopter (referred to in this form as a parent)
* have (or share with the other parent) the main responsibility for the care of the child
* have at least 26 weeks’ continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)
* still be in continuous employment until the week before any SPL is taken.

The other parent must have at least 26 weeks’ employment (employed or self-employed) out of the 66 weeks prior to the relevant week and have average weekly earnings of at least £30 during at least 13 of those weeks.

Please refer to the company’s Shared Parental Leave policy for further information before completing this form.

**Section 1 – Basic Details**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Child’s expected date of birth/date of placement for adoption |  |
| Child’s actual date of birth/date of placement for adoption (if known) |  |
| Start date of mother/main adopter’s maternity/adoption leave (or pay period\*) |  |
| End date of mother/main adopter’s maternity/adoption leave (or pay period\*) |  |

\* The start and end dates of the statutory maternity/adoption pay or maternity allowance period if the mother/main adopter is not entitled to statutory leave.

**Section 2 - Shared Parental Leave Details**

The total amount available is 52 weeks minus the number of weeks’ leave/pay already taken by the mother/main adopter according to the dates given in the previous section.

|  |  |
| --- | --- |
| Total number of weeks’ SPL available |  |
| Number of weeks’ SPL you intend to take |  |
| Number of weeks’ SPL the other parent intends to take |  |
| Indication of start and end dates of SPL that you intend to take  *This indication is non-binding. You must submit a formal period of leave notice for each period of SPL you wish to request for it to be binding. Complete the section below if you wish your request for any/all of these periods of leave to be treated as a period of leave notice.* |  |
| Do you wish the dates indicated for the period(s) of leave to constitute a formal (binding) period of leave notice? (delete as appropriate) | YES / NO / YES, for the following dates only: |

**Section 3 - Shared Parental Pay Details**

The total amount of shared parental pay (ShPP) which may be available is 39 weeks minus the number of weeks’ pay already taken by the mother/main adopter according to the dates given in Section 1.

|  |  |
| --- | --- |
| Total number of weeks’ ShPP available |  |
| Number of weeks’ ShPP you intend to claim |  |
| Number of weeks’ ShPP the other parent intends to claim |  |
| Indication of start and end dates of your ShPP periods |  |

**Section 4 – Staff Member notice of curtailment of maternity/adoption leave**

Complete this section if you are the Staff Member named in this notice and you are the mother or main adopter. You must give at least **eight weeks’ notice** of your curtailment date. If you are entitled to maternity leave the curtailment date must be at least two weeks after the birth of your child (four weeks if you work in a factory).

I wish my maternity/adoption leave to end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date).

**Section 5 – Staff Member declaration**

I confirm that I meet the following conditions:

* I am the mother, father, or main adopter of the child, or the partner of the mother or main adopter
* I have (or share with the other parent) the main responsibility for the care of the child and I am taking SPL in order to care for the child
* I have at least 26 weeks’ continuous service at the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)
* I intend to be in continuous employment until the week before any SPL is taken
* (If I am claiming shared parental pay) I have average weekly earnings equal to or above the Lower Earnings Limit over the eight week period ending with the relevant week
* I agree to inform the company immediately if I cease to meet the conditions for entitlement to SPL or ShPP.

If you are the mother/main adopter:

* I have submitted a curtailment of maternity/adoption leave notice by completing Section 4 above.

Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­

**Section 6 – Declaration of other parent**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address |  |
| National Insurance Number |  |
| Name Of Employer/Business |  |
| Contact Details for Employer/Business |  |

I confirm that I meet the following conditions:

* I have least 26 weeks’ employment (employed or self-employed) out of the 66 weeks prior to the 15th week before the expected week of birth or at the week in which the main adopter was notified of having been matched for adoption with the child (known as the ‘relevant week’)
* I have average weekly earnings of at least £30 during at least 13 of the 66 weeks prior to the relevant week
* I agree to inform your Staff Member immediately if I cease to meet the two conditions above
* I consent to your Staff Member taking SPP and ShPP as set out in Sections 2 and 3 above.

If you are the mother/main adopter:

* I have curtailed my maternity leave and pay/adoption leave and pay/maternity allowance or will have done so by the time your Staff Member starts shared parental leave

I consent to you processing the information contained in this declaration.

Other Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this signed form to payroll@theipsa.org.uk**

**Alternatively please send it to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.**

**If you have any questions about completing this form, please call 020 7811 6400 / Option 2.**

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| **Data Protection**  IPSA collects and processes personal information about you to exercise its statutory functions, to provide you with the services you have requested and where it is in our legitimate interests to do so. We will only use the information you provide on this form for the purposes set in the form and in any relevant related guidance to provide you with the services you have requested, to exercise our statutory functions or where we are otherwise required by law.  We may disclose information to third parties where it is fair and lawful to do so, while respecting your privacy rights. Information about how we use and protect your personal information, and your data protection rights is set out in the IPSA Privacy Notice available on our [website](https://www.theipsa.org.uk/about-us/privacy/). You can contact us by email to [privacyrights@theipsa.org.uk](mailto:privacyrights@theipsa.org.uk) or by post to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.  **Freedom of Information**  Information held by IPSA may be disclosable under the Freedom of Information Act 2000. Information about the Act for MPs and their staff is available on the IPSA [website](https://www.theipsa.org.uk/ipsa-for-mps/guidance/ipsa-and-the-freedom-of-information-act/). |

**Payroll use only**

**Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**