



SPL forms (Adoption)

These are the forms needed by an adopter who has taken adoption leave and/or pay and the person they will share Shared Parental Leave (SPL) with – known as the partner - to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

What forms need to be completed?			
	Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
Form 1	YES	YES	YES
Form 2	YES	YES	NO
Form 3	NO	NO	YES
Form 4	YES	NO	YES

- To learn more about SPL and ShPP go to www.acas.org.uk/spl
- Parents should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms
- Parents and employers should keep a copy of any completed forms
- Some employers may provide their own forms for employees to use
- The earnings requirements mentioned are correct as of March 2015

Key abbreviations used in these forms:

SPL Shared Parental Leave
ShPP Statutory Shared Parental Pay
SAP Statutory Adoption Pay

Form 1: Curtailment of Adoption Leave and Pay (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my adoption leave will end on the date given in Section B and that my SAP will finish on the end date given in Section C, unless my notice is revoked or there is no entitlement.	
Adopter's surname	
Adopter's first name(s)	
Child's expected date of placement	
Actual date of child's placement (if known)	
SECTION B: Curtailing adoption leave (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory maternity leave ends	
SECTION C: Curtailing adoption pay (only complete if claiming ShPP)	
Date SAP started/is intended to start	
Date SAP pay will come to an end	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
SECTION D: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 2: Notification that Adopter is intending to take SPL (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Adopter's Surname	
Adopter's First name(s)	
Adopter's surname	
Partner's first name(s)	
Partner's Address	
Partner's National Insurance number (State 'none' if no number is held)	
Date Adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave	
Date adopter's statutory adoption leave ended (or will end)	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
Date adopter started (or intends to start) SAP	
Date adopter's SAP ended (or will end)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	
SECTION C: Amount of SPL available (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of weeks of adoption leave taken)	

Total number of weeks of SPL I (the adopter) intend to take	
Total number of weeks of SPL partner intends to take	
SECTION D: Indication of Adopter's leave intentions (must be completed but is not binding)	
I (the adopter) currently expect to take SPL as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION E: Amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the adopter) intend to take:	
Total number of weeks of ShPP partner intends to take:	
I (the adopter) currently expect to take ShPP as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
SECTION F: Adopter's Declaration (must be completed if adopter is entitled to adoption leave)	
The following points apply in all circumstances:	
<ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take SPL • I have been continuously employed for 26 weeks at the end of week in which I (the adopter) was notified of having been matched for adoption • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL • I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL • I will inform my employer immediately if I am no longer responsible for the care of the child • if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me. • I (or my partner) have given a period of SPL notice • I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • The information provided in this declaration is accurate 	

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child
- I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP
- The information provided in this declaration is accurate

Signature of adopter

Date adopter signed

SECTION G: Partner's Declaration (must be completed)

- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child's adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL which the adopter intends to take, as set out in Section D above.
- I consent to the adopter's employer processing the information I have provided
- I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner

Date partner signed

Form 3: Notice confirming that Partner is taking SPL but Adopter is not (for Adopter's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
Adopter's surname	
Adopter's first name(s)	
SECTION B: Confirmation	
<ul style="list-style-type: none"> • I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant) • I declare that my partner has given a notice to their employer to take SPL and/or ShPP. • I consent to my partner's intended claim for SPL and/or ShPP. 	
SECTION B: Signature (must be completed)	
Signature of adopter	
Date signed	

Form 4: Notification that Partner is intending to take SPL (for Partner's Employer)

SECTION A: General (must be completed)	
Please accept this as notification that I (the adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's Surname	
Partner's First name(s)	
Adopter's surname	
Adopter's first name(s)	
Adopter's Address	
Adopter's National Insurance number (State 'none' if no number is held)	
Date Adopter was informed of being matched for adoption	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
SECTION B: Adoption Entitlement Details (all answers that apply must be completed)	
Date adopter started (or intends to start) statutory adoption leave (if applicable)	
Date adopter's statutory adoption leave ended (or will end) (if applicable)	
Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends	
Date adopter started (or intends to start) SAP (if applicable)	
Date adopter's SAP ended (or will end) (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SECTION C: Amount of SPL available (must be completed)

The total number of weeks of SPL created depends on the adopter’s leave and pay entitlements:

- If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken
- If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner) intend to take	
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Section D: Indication of Partner’s leave intentions (must be completed but is not binding)

I (the partner) currently expect to take SPL as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

SECTION E: Amount of ShPP available (only complete if claiming ShPP)

Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
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Total number of weeks of ShPP I (the partner) intend to take:	
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Total number of weeks of ShPP adopter intends to take:	
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I (the partner) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a “From... To...” format

SECTION F: Partner’s Declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter’s spouse, the adopter’s civil partner or the adopter’s partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child’s placement (along with the child’s adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter’s employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I (or my partner) have given a period of SPL notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is accurate

Signature of partner

Date partner signed

SECTION G: Adopter’s Declaration (must be completed)

The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified

of having been matched for adoption with the child

- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of adopter	
Date adopter signed	