



## SPL forms (resulting from Maternity)

These are the forms needed by a mother and the person she 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).

<b>What forms need to be completed?</b>			
	Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
Form 1	<b>YES</b>	<b>YES</b>	<b>YES</b>
Form 2	<b>YES</b>	<b>YES</b>	<b>NO</b>
Form 3	<b>NO</b>	<b>NO</b>	<b>YES</b>
Form 4	<b>YES</b>	<b>NO</b>	<b>YES</b>

- To learn more about SPL and ShPP go to [www.acas.org.uk/spl](http://www.acas.org.uk/spl)
- Parents should use the calculator at [www.gov.uk/pay-leave-for-parents](http://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 standard forms for employees to use
- If the mother is in receipt of Maternity Allowance (MA), she will need to notify Jobcentre Plus to curtail this entitlement
- 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  
SMP Statutory Maternity Pay  
MA Maternity Allowance

## Form 1: Curtailment of Maternity Leave and Pay (for Mother's Employer)

<b>SECTION A: General (must be completed)</b>	
Please accept this as my notice to curtail my maternity leave and/or SMP. 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 maternity leave will end on the date given in Section B and that my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B. I understand that if I am eligible for myself or my partner to opt into SPL and ShPP I can only reinstate my SMP if I revoke this notice before the end date given in Section C.	
Mother's surname	
Mother's first name(s)	
Child's expected date of birth	
Actual date of child's birth (if born)	
<b>SECTION B: Curtailing maternity leave (must be completed)</b>	
Date statutory maternity leave started/is intended to start	
Date statutory maternity leave will come to an end	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
<b>SECTION C: Curtailing maternity pay (only complete if claiming ShPP)</b>	
Date SMP started/is intended to start	
Date SMP will come to an end	
Total number of weeks of SMP that will have been paid at the date that SMP ends	
<b>SECTION D: Signature (must be completed)</b>	
Signature of mother	
Date signed	

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

<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the mother) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Mother's Surname	
Mother's First name(s)	
Partner's surname	
Partner's first name(s)	
Partner's Address	
Partner's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
<b>SECTION B: Maternity entitlement details (all answers that apply must be completed)</b>	
Date mother started (or intends to start) statutory maternity leave	
Date mother's statutory maternity leave ended (or will end)	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
Date mother started (or intends to start) SMP or MA	
Date mother's SMP or MA ended (or will end)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	
<b>SECTION C: Amount of SPL available (must be completed)</b>	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother) intend to take	

Total number of weeks of SPL my partner intends to take	
<b>SECTION D: Indication of Mother's leave intentions (must be completed but is not binding)</b>	
I (the mother) currently expect to take SPL as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
<b>SECTION E: Amount of ShPP available (only complete if claiming ShPP)</b>	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the mother) intend to take:	
Total number of weeks of ShPP my partner intends to take:	
I (the mother) currently expect to take ShPP as follows:	
Note: It will usually be helpful to answer this in a "From... To..." format	
<b>SECTION F: Mother's declaration (must be completed)</b>	
<b>The following points apply in all circumstances where a mother is entitled to maternity leave:</b>	
<ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take SPL</li> <li>• I have, or will have, been continuously employed for 26 weeks at the end of the 15<sup>th</sup> week before the week in which the child is due</li> <li>• I will remain employed with this employer until any period of SPL that I intend to take</li> <li>• I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below)</li> <li>• I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL</li> <li>• I will inform my employer immediately if I am no longer caring for my child</li> <li>• I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice</li> <li>• 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</li> <li>• I (or my partner) have given a period of SPL notice</li> <li>• The information provided in this declaration is accurate and meets the notification requirements for SPL</li> </ul>	
<b>The following points only apply if Section E has been completed:</b>	
<ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take ShPP</li> <li>• I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks</li> </ul>	

- leading up to the end of the 15<sup>th</sup> week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity 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 I will be on SPL in those weeks (if entitled to SPL)
  - I intend to care for my child in the weeks I receive ShPP
  - I will remain employed with this employer until before the date of my first period of ShPP
  - I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA
  - The information provided in this declaration is accurate

Signature of mother	
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Date mother signed	
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**SECTION G: Partner's declaration (must be completed)**

- I am the father of the child, or at the date of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother)
- I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner	
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Date partner signed	
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## Form 3: Notice confirming that Partner is taking SPL but mother is not (for Mother's Employer)

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

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

<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the mother'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)	
Mother's surname	
Mother's first name(s)	
Mother's Address	
Mother's National Insurance number (State 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
<b>SECTION B: Maternity entitlement details (all answers that apply must be completed)</b>	
Date mother started (or intends to start) maternity leave (if applicable)	
Date mother's maternity leave ended (or will end) (if applicable)	
Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
Date mother started (or intends to start) SMP or MA (if applicable)	
Date mother's SMP or MA ended (or will end) (if applicable)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA 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 mothers leave and pay entitlements:

- If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid
- If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted

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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Total number of weeks of SPL the mother intends to take (if applicable)	
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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 SMP/MA 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 mother 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 father of the child, or at the time of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship
- I have been (or will be) continuously employed for 26 weeks at the end of the 15<sup>th</sup> week before the week in which the child is due
- 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 birth (along with the child's mother who has made the declaration below)
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period
- I (or my partner) have given a period of SPL notice
- 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 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 15<sup>th</sup> week before the expected week of childbirth
- I intend to care for my child in the weeks I receive ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I will remain employed with this employer until before the date of my first period of ShPP
- The information provided in this declaration is correct

Signature of partner

Date partner signed

**SECTION G: Mother'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 birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- 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 SMP or MA, and I have reduced (or will reduce) the SMP or MA 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 will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- The information provided in this declaration is correct

Signature of mother

Date mother signed