

**Shared Parental Leave Variation of Notice of Eligibility (and Intention)**

Office holders need to use this form if they want to change the way in which they have allocated the total number of weeks of Shared Parental Leave between them and the Other Parent.

**Please refer to CP-005 Clergy Shared Parental Leave Policy for further information before completing this form or contact the HR Manager.**

This notice must be sent to the Archdeacon or DDO **and** the NDBF HR Manager and Finance Officer.

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| **Name of Office Holder** |  |
| **Name of Other Parent**  |  |

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| **Revised Shared Parental Leave (SPL) Details** |
| Number of whole weeks’ SPL intended to be taken by you |  |
| Number of whole weeks’ SPL intended to be taken by the person you will share SPL with |  |
| Dates of Periods of Leave already notified in Period of Leave Notices served by mother and Other Parent. |  |
| **Indication of revised start and end dates of SPL** |  |
| Do you intend this to be treated as an amended Period of Leave Notice? (If so, the dates will become binding immediately).\*If you acquire more weeks of SPL as a result of the changes you must submit a separate Variation of Period of Leave Notice unless you indicate that this Notice should also serve as a Period of Leave Notice.  |  |
| **Revised Statutory Shared Parental Pay (ShPP) Details**  |
| Number of whole weeks’ ShPP intended to be taken by the child’s mother |  |
| Number of whole weeks’ ShPP intended to be taken by the child's father/mother's partner |  |
| Details of Period of ShPP already notified in a Period of Leave Notice (if applicable). |  |
| Indication of revised start and end dates of SSPP |  |
| Do you intend this to be treated as an amended Period of Leave Notice? (If so, the dates will become binding immediately). \*If you acquire more weeks of SSPP as a result of the changes you must submit a separate Variation of Period of Leave Notice unless you indicate that this Notice should also serve as a Period of Leave Notice. |  |
| **Declarations by you – office holder proposing to take SPL** |
| Definitions (applying to the Declarations in this Notice)“Child” means the child referred to in Section A.“Expected Week of Childbirth” or "EWC" means the week, beginning on a Sunday, in which the doctor or midwife expects your child to be born. |
| I hereby declare that,Either:I am the Child’s [mother/expectant mother] and I satisfy the eligibility requirements for SPL in that I had at least 26 weeks’ continuous employment at the end of the 15th week before the EWC I and have remained continuously employed since then and expect to remain so employed prior to the week in which my SPL will commence, I will share main responsibility for the care of the Child and I will give the relevant notices required for SPL and I also declare that the information I have given in this notice is accurate and that I will inform you immediately if I cease to be a main carer of the Child. I also confirm that I have submitted a Curtailment Notice to curtail my maternity leave at least 8 weeks before the first date on which I/my Partner intend to take SPL.\*ORI am the Child’s [father or the Child’s mother’s spouse, civil partner or partner] and I satisfy the eligibility requirements for SPL in that I had at least 26 weeks’ continuous employment at the end of the 15th week before the EWC and I have remained continuously employed since then and expect to remain so employed prior to the week in which my SPL will commence and I will share main responsibility for the care of the Child with the mother and will give the relevant notices required for SPL and I also declare that the information I have given in this notice is accurate and that I will inform you immediately if I cease to be the main carer of the Child with the other parent referred to in this Notice.\* (\*delete as applicable)Signed: Date:  |
| **Declarations by the person/Other Parent sharing SPL with our employee** |
| Name |  |
| Address |  |
| NI Number |  |
| Your employer’s name and address (if you are employed) or your business address if self-employed |  |