



## Windsor Academy Trust *(Enter Academy details)*

	People and Culture Committee
	February 2023
	March 2023
	March 2025

		SPL Notification of Entitlement Form
		Notification of Leave/Variation Form



2.4 In addition the employee's partner must meet the 'employment earnings test' requiring them to have worked (in an employed or self-employed capacity) in at least 26 weeks of the 66 weeks leading up to the child's expected due date/matching date, and earned the average weekly earnings as indicated in the regulations.

2.5 Employee





The parent/adopter must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have reduced their maternity/adoption pay period or maternity allowance period.

The employee must intend to care for the child during the week(s) in which ShPP is payable.

The employee must pass the 'employment and earnings' test – having an average weekly earnings for the period of eight weeks leading up to and including the 15<sup>th</sup> week before the child's expected due date/matching date are not less than the lower earnings limit in force for national insurance contributions.

The employee must have a minimum of 26 weeks' service at the end of the 15<sup>th</sup> week before the child's expected due date/





This form should be completed at least 8 weeks before you intend to take Shared Parental Leave. It is important that your Headteacher/Line Manager is given a copy of this form and kept informed of any changes with regard to your Shared Parental Leave arrangements. Please refer to WAT's Shared Parental Leave Policy for details on eligibility and further information before completing this form.

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Relationship with child:

Mother      Partner



Please state the total number of weeks available for Shared Parental Leave Weeks

Please state the number of weeks of Shared Parental Leave you intend to take Weeks

Please state the number of weeks of Shared Parental Leave your partner intends to take Weeks

Please state the number of weeks of Shared Parental Leave which you intend to take

*This indication is non-binding. You must submit a formal period of leave notice for each period of Shared Parental Leave you wish to request in order for it to be binding. Please complete the*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

National Insurance Number: \_\_\_\_\_

I confirm that I meet the following conditions:

- I am the mother, father, or main adopter of the child or the partner/civil partner of the mother or main adopter.
- At the date of the child's birth or placement for adoption, I have the main responsibility of the child, along with your employee.
- I have at least 26 weeks employment (employed or self-employed) out of the 66 weeks before the child's expected due date/matching date.
- My average weekly earnings are at least the current regulatory amount, at least 13 of the 66 weeks prior to the EWC.
- I agree to inform your employee immediately if I cease to meet the conditions above.
- I consent to your employee taking SPP and ShPP as set out in Sections 3 and 4 above.

\*

- I have reduced my maternity leave and pay/adoption leave and pay/maternity allowance or will have done so by the time my partner starts Shared Parental Leave.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



This form should be completed and returned to the Headteacher if you wish to request to take a period of Shared Parental Leave or Vary a previously approved request. This form must be submitted in addition to the SPL Notice of Entitlement Form. You must give \_\_\_\_\_ of the start date of the leave.

Please refer to the Trusts Shared Parental Leave Policy for details on eligibility and further information before completing this form.

Full Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ á \_\_\_\_\_

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Employee's full name (printed): \_\_\_\_\_

Employee Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's partner's full name (printed): \_\_\_\_\_

Shared Parental Leave Partner Signed: \_\_\_\_\_ Date: \_\_\_\_\_