**Shared Parental Leave Variation Form**

**Shared Parental Leave (SPL) is only applicable where the Expected Week of Childbirth or Placement (EWC/EWP) is on or after 5 April 2015**

The employee is permitted to vary or cancel any agreed SPL, provided that they advise the University in writing at least eight weeks before the effective date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

|  |  |
| --- | --- |
| 1. **Employee Details (To be completed by the employee)** | |
| **Employee’s Full Name** |  |
| **School/Unit/Residence** |  |
| **Staff ID Number** |  |

|  |  |
| --- | --- |
| 1. **Confirmation of Entitlement** | **Please select** |
| I confirm that my partner and I continue to be entitled to take shared parental leave, as previously declared on the submitted Shared Parental Leave Notification Form |  |
| I submitted my Shared Parental Leave Notification Form on | [DATE] |

|  |
| --- |
| 1. **Shared Parental Leave Details – this section must be completed** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Shared Parental Leave and Pay – Agreed dates** | | | |
| **Please provide the start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that you have agreed with the University.** | | | |
| **Shared Parental Leave Dates (To – From)** | **Total Weeks** | **Shared Parental Pay Dates (To -From)** | **Total Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Dates of Shared Parental Leave and Pay – Agreed dates** | | | |
| **Please provide the start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that the other parent has agreed with their employer (if applicable)** | | | |
| **Shared Parental Leave Dates (To – From)** | **Total Weeks** | **Shared Parental Pay Dates (To -From)** | **Total Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **Requested variation to Shared Parental Leave** |
| I intend to vary my periods of Shared Parental Leave agreed above and take as follow: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Shared Parental Leave and Pay – New dates** | | | |
| Please provide the amended start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that **you** wish to take | | | |
| **Shared Parental Leave Dates (To – From)** | **Total Weeks** | **Shared Parental Pay**  **Dates (To -From)** | **Total Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Shared Parental Leave and Pay – New dates** | | | |
| Please provide the start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that **the other parent** wish take. Please ensure they notify their employer (if applicable) | | | |
| **Shared Parental Leave Dates (To – From)** | **Total Weeks** | **Shared Parental Pay**  **Dates (To -From)** | **Total Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **Cancelling Shared Parental leave** |
| I wish to cancel the following periods of Shared Parental Leave which have already been agreed. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Shared Parental Leave and Pay** | | | |
| Please provide start and end dates, in 1 week blocks, of the Shared Parental Leave (and Pay, only if eligible) that **you** wish to cancel | | | |
| **Shared Parental Leave Dates (To – From)** | **Total Weeks** | **Shared Parental Pay**  **Dates (To -From)** | **Total Weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Where both partners are employees of the University, each individual will still need to complete and submit their own form to their own Head of School/Unit. Should they which to vary/cancel their SPL dates.**

|  |  |
| --- | --- |
| 1. **Declaration** | |
| **Employee Signature** |  |
| **Date** |  |
| **Other parents signature**  **Date** |  |

**Please note if any of the details you or your spouse/partner have provided change, you must notify Human Resources immediately as this could result in a change to your entitlements.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **To be completed by the Head of School/Unit** | | | |
| **Received** |  | **Date** |  |
| **Date of discussion with employee (if applicable)** | |  | |
| **Approved** |  | **Date** |  |
| **Signature** |  | **Date** |  |
| **Completed forms should be returned to Human Resources.** | | | |