**SPL forms (for parental order parents entitled to adoption leave and/or pay)**

Forms for a parental order parent (POP) who is entitled to adoption leave and/or pay and their partner to confirm their SPL and Shared Parental Pay (ShPP) entitlement with their employers. The parent entitled to adoption leave and/or pay is referred to as the ‘parental order parent’ in these forms.

|  |  |  |  |
| --- | --- | --- | --- |
| **Forms below that need to be completed if…** | | | |
|  | **both parents want to take SPL** | **just the POP 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 |

* For more advice on SPL and ShPP go to [www.acas.org.uk/spl](http://www.acas.org.uk/spl)
* Parents can use the calculator at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)
* Parents and employers should keep a copy of any completed forms
* Employers might have their own forms for employees to use

|  |
| --- |
| **Key abbreviations used in these forms:**  SPL Shared Parental Leave  ShPP Statutory Shared Parental Pay  SAP Statutory Adoption Pay  POP parental order parent |

**Form 1: Curtailment of Adoption Leave and Pay (for parental order parent'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 or my partner intend to take SPL and/or ShPP. I understand my adoption leave (if eligible) will end on the date given in section B and my SAP (if eligible) will end on the date given in section C, unless I revoke my notice or there’s no entitlement. | |
| Parental order parent’s last name |  |
| Parental order parent’s first name(s) |  |
| Expected date of child’s birth |  |
| Actual date of child’s birth (if born) |  |
| **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 adoption leave ends |  |
| **SECTION C: Curtailing adoption pay (SAP) (only if claiming ShPP)** | |
| Start date of SAP |  |
| End date of SAP |  |
| 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 parental order parent |  |
| Date signed |  |

**Form 2: Notification that parental order parent is intending to take SPL (for parental order parent’s employer)**

|  |  |  |
| --- | --- | --- |
| **SECTION A: General (must be completed)** | | |
| Please accept this as notification that I (the parental order parent entitled to adoption leave and/or pay) am entitled to and intend to take SPL (and ShPP if section D is completed). | | |
| Parental order parent’s last name | |  |
| Parental order parent’s first name(s) | |  |
| Partner’s last name | |  |
| Partner’s first name(s) | |  |
| Partner’s address | |  |
| Partner’s National Insurance number (put ‘none’ if no number is held) | |  |
| The date the parental order was granted (if applicable and if it has been granted) | |  |
| Expected date of child’s birth | |  |
| Actual date of child’s birth (if child not yet born, provide this as soon as possible after the birth and before SPL) | |  |
| **SECTION B: Adoption entitlement details (all answers that apply must be completed)** | | |
| Start date of statutory adoption leave | |  |
| End date of statutory adoption leave | |  |
| Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends | |  |
| Start date of SAP | |  |
| End date of SAP | |  |
| Total number of weeks SAP has been paid or will have been paid at date of curtailment | |  |
| Total number of weeks that SAP will be reduced (39 weeks less 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 parental order parent) intend to take | |  |
| Total number of weeks of SPL my partner intends to take | |  |
| **SECTION D: Parental order parent’s leave plans (must be completed but is not binding)** | | |
| I (the parental order parent entitled to adoption leave) currently expect to take SPL as follows:  [Note: It can help to answer this as ‘from…to…’] | | |
| **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) | |  |
| Total number of weeks of ShPP I (the parental order parent) intend to take | |  |
| Total number of weeks of ShPP my partner intends to take | |  |
| I (the parental order parent entitled to SAP) currently expect to take ShPP as follows:  [Note: It can help to answer this as ‘from…to…’] | | |
| **SECTION F: Parental order parent’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 have, or will have, been continuously employed for 26 weeks at the end of the 15th 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) shared responsibility for the child at the time of the child’s birth (along with my partner who has made the declaration below) * I am entitled to adoption leave in respect of my child, my adoption leave period will be reduced and the remainder will be available as SPL * I will inform my employer immediately if I am no longer responsible for the care of the child * I enclose a statutory declaration that I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child) * 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 15th week before the expected week of childbirth * I am entitled to SAP in respect of the child, 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 I will be on SPL in those weeks * I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee * I will remain employed with this employer until before the date of my first period of ShPP * I will immediately inform the person paying ShPP if I revoke the curtailment of my adoption pay * The information provided in this declaration is accurate | | |
| Signature of parental order parent |  | |
| Date signed |  | |
| **SECTION G: Partner’s declaration (must be completed)** | | |
| * I am the parental order parent’s spouse, civil partner or partner living with them and the child in an enduring relationship * I had (or will have) shared responsibility for the child at the time of the birth (along with the parental order parent) * I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the expected week of birth * I have earned in total at least £… in 13 weeks of the 66 weeks preceding the expected week of childbirth * I consent to the amount of SPL which the parental order parent intends to take, as set out in Section D above * I consent to the parental order parent’s employer processing the information I have provided * I consent to the amount of ShPP which the parental order parent 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 the parental order parent is not (for parental order parent’s employer)**

|  |  |
| --- | --- |
| **SECTION A: General (must be completed)** | |
| Please accept this as notification that I (the parental order parent) do not intend to take SPL (or ShPP where relevant) but that my partner will be | |
| Parental order parent’s last name |  |
| Parental order parent’s first name(s) |  |
| **SECTION B: Confirmation** | |
| * 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 | |
| **Signature (must be completed)** | |
| Signature of parental order parent |  |
| 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 partner) am entitled to and intend to take SPL (and ShPP if section E is completed). | |
| Partner’s last name |  |
| Partner’s first name(s) |  |
| Parental order parent’s last name |  |
| Parental order parent’s first name(s) |  |
| Parental order parent’s address |  |
| Parental order parent’s National Insurance number (put ‘none’ if no number is held) |  |
| The date the parental order was granted (if it has been granted) |  |
| Expected date of child’s birth |  |
| Actual date of child’s birth (if child not yet born, provide this as soon as possible after the birth and before I take any SPL) |  |
| **SECTION B: Adoption entitlement details (all answers that apply must be completed)** | |
| Start date of statutory adoption leave (if applicable) |  |
| End date of statutory adoption leave (if applicable) |  |
| Total number of weeks of statutory adoption leave taken (or that will be taken) when statutory adoption leave ends |  |
| Start date of SAP (if applicable) |  |
| End date of SAP (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 (39 weeks less 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 parental order parent’s leave and pay entitlements:   * If the parental order parent was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken * If the parental order parent 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 parental order parent was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks SAP | |
| Total number of weeks of SPL created (50 max) |  |
| Total number of weeks of SPL I (the partner) intend to take |  |
| Total number of weeks of SPL the parental order parent intends to take (if applicable) |  |
| **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 can help to answer this as ‘from…to…’] | |
| **SECTION E: Shared parental pay (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) |  |
| Total number of weeks of ShPP I (the partner) intend to take: |  |
| Total number of weeks of ShPP parental order parent intends to take: |  |
| I (the partner) currently expect to take ShPP as follows:  [Note: It can help to answer this as ‘from…to…’] | |

|  |  |
| --- | --- |
| **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 parental order parent’s spouse, civil partner or partner living with them and the child in an enduring relationship * I have been continuously employed for 26 weeks at the end of the 15th week before the expected week of childbirth * 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 parental order parent who has made the declaration below) * If available, I will give my employer evidence in the form of a parental order if my employer asks for this within 14 days of the date of this notice * I enclose a statutory declaration that my partner and I meet the requirements to be a parental order parent (unless I have already supplied this to my employer or I already have a parental order for my child)I (or my partner) have given a period of SPL notice * I will give my employer the name and address of the parental order parent’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 will inform my employer immediately if I am no longer caring for our child * 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 15th week before the expected week of childbirth * I intend to care for my child and will be absent from work in the weeks I receive ShPP and I will be on SPL during those weeks if I am an employee * 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 signed |  |
| **SECTION F: Parental order parent’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * I had (or will have) shared 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 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 expected week of childbirth * I have earned in total at least £… in 13 weeks of the 66 weeks preceding the expected week of birth * 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   **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 processing the information I have provided * I will immediately inform my partner if I revoke the curtailment of my adoption pay * The information provided in this declaration is accurate | |
| Signature of parental order parent |  |
| Date signed |  |