

Shared Parental Leave - Form 1 Curtailment of Maternity/Adoption Leave and Pay

This form should be used to curtail your maternity or adoption leave and/or Statutory Maternity/Adoption Pay (SMP/SAP) to allow your partner to access Shared Parental Leave (SPL) and Pay (ShPP). You must give at least 8 weeks' notice of your intention to curtail your maternity or adoption leave and/or pay. **All boxes marked with an asterisk (*) are mandatory.**

PART 1: Employee Details			
Surname: *		Forename: *	
Address: *		Email address: *	
		Tel. number: *	
		GMC number: *	
Programme: *		Grade (e.g. ST3): *	
Are you a Tier 2 visa holder? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PART 2: Curtailed Maternity Leave Details			
Maternity leave start date: *			
Maternity leave end date: *			
Total weeks maternity leave taken: *			
PART 3: Curtailed Maternity Pay Details			
Maternity pay start date: *			
Maternity pay end date: *			
Total weeks maternity leave received: *			
PART 4: Return to Work Details			
I intend to return to work after maternity leave: *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PART 5: Accrued Annual Leave			
I will take all annual leave/bank holidays I accrue during my leave prior to returning to work:*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not decided
Please confirm dates of any agreed annual leave:			
PART 6: Declaration			
a) I wish to give notice to curtail my maternity/adoption leave and/or SMP/SAP in accordance with the LET's Parental Leave Policy and the NHS Terms and Conditions of Service Handbook. b) This form is accompanied by notification that either I or my partner intends to take SPL and or ShPP. c) I understand that my maternity leave will end on the date given in Part 2 of this form. d) I understand that my maternity pay will end on the date given in Part 3 of this form. e) I understand that I can only reinstate my maternity leave and pay if I revoke this notice before the curtailed maternity leave end date given in Part 2. f) I understand that I can only reinstate my maternity leave and pay if I revoke this notice before the curtailed maternity leave and pay end dates given in Part 2 and 3 respectively. g) I agree to take at least two weeks compulsory maternity leave. h) If I wish to change my return to work date, I agree to give at least 28 days' notice of the change.			
PART 7: Employee Declaration			
Name: *			
Signature: *			
Date: *			

Please send the completed form to your HR Officer at the Lead Employer Trust.

Lead Employer Trust use only:			
Shared parental leave remaining:	___ weeks	52 weeks minus the number of weeks maternity leave taken	
Statutory Shared Parental Pay (ShPP) remaining:	___ weeks	39 weeks minus number of weeks SMP received	
Revised maternity leave dates:	From:		To:
Revised annual leave dates:	From:		To:
Return to work date:			
Date letter sent:			
Date Intrepid updated:			
Date payroll informed:			
Signature: *			
Date: *			



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