Appendix C2

**Shared Parental Leave forms (Adoption)**

Template forms for the primary adopter who’s taken adoption leave and/or pay and their partner to confirm entitlement to Shared Parental Leave (SPL) or Shared Parental Pay (ShPP) with their employers.

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

* Parents can use the calculator at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)
* A copy of completed forms should be kept by the employee and in the employee’s file.

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| **Key abbreviations used in these forms:**  SPL Shared Parental Leave  ShPP Statutory Shared Parental Pay  SAP Statutory Adoption Pay |

**Form 1: Curtailment of adoption leave and pay (for primary adopter)**

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| **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 a notification that either I or my partner intend to take SPL and/or ShPP. I understand my adoption leave will end on the date given in section B and my SAP will end on the date given in section C, unless my notice is revoked or there’s no entitlement. | |
| Primary adopter’s last name |  |
| Primary adopter’s first name(s) |  |
| Expected date of child’s placement |  |
| Actual date of child’s placement (if known) |  |
| **SECTION B: Curtailing adoption leave (must be completed)** | |
| Statutory adoption leave start date |  |
| Date statutory adoption leave will come to an end |  |
| Total number of weeks of statutory adoption leave taken by the date statutory adoption leave ends |  |
| **SECTION C: Curtailing adoption pay (only if claiming ShPP)** | |
| SAP start date |  |
| SAP end date |  |
| Total number of weeks SAP paid by the date SAP ends |  |
| **SECTION D: Signature (must be completed)** | |
| Signature of adopter |  |
| Date signed |  |

**Form 2: Notification that primary adopter is intending to take SPL**

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| **SECTION A: General (must be completed)** | | | |
| Please accept this as notification that I (the primary adopter taking adoption leave/pay) am entitled to and intend to take SPL (and ShPP if section C is completed). | | | |
| Primary adopter’s last name | |  | |
| Primary adopter’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) | |  | |
| Date adopter was informed of being matched for adoption | |  | |
| Expected date of child’s placement | |  | |
| Actual date of child’s placement (if child not yet placed provide this as soon as possible after placement 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 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)** | | | |
| 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 primary adopter) intend to take | |  | |
| Total number of weeks of SPL partner intends to take | |  | |
| **SECTION D:**  **Primary adopter’s leave plans (must be completed but is not binding)** | | | |
| I (the adopter) currently expect to take SPL as follows:  [Note: It can help to answer this as ‘from…to…’] | | | |
| **SECTION E: Amount of ShPP available (only if claiming ShPP)** | | | |
| Total number of weeks of ShPP created (39 weeks less total number of weeks SAP taken and any ShPP paid from a previous notice and revocation) | | |  |
| Total number of weeks of ShPP I (the primary adopter) intend to take | | |  |
| Total number of weeks of ShPP partner intends to take | | |  |
| I (the primary adopter) currently expect to take ShPP as follows:  [Note: It can help to answer this as ‘from…to…’] | | | |
| **SECTION F: Adopter's declaration (must be completed if primary adopter is entitled to adoption leave)** | | | |
| **The following points apply in all circumstances:**   * I am giving notice that I am entitled to and intend to take SPL * I have been continuously employed for 26 weeks at the end of the week in which I (the adopter) was notified of having been matched for adoption * 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 the child at the time of the child’s placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL * I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL * I will inform my employer immediately if I am no longer responsible for the care of the child * if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date the adoption agency expects to place the child with me * 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 is 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 week in which I (the adopter) was notified of having been matched for adoption with the child * I am entitled to SAP in respect of the child placed with me, 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, if I am entitled to it, I will be on SPL in those weeks * I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks * I will remain employed with this employer until before the date of my first period of ShPP * I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP * The information provided in this declaration is accurate | | | |
| Signature of primary adopter |  | | |
| Date signed |  | | |
| **SECTION G:**  **Partner’s declaration (must be completed)** | | | |
| * I am the primary adopter’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 placement (along with the primary adopter) * I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which we were notified of being matched for adoption with the child * I have earned in total at least £… in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child * I consent to the amount of SPL the primary adopter intends to take, in section D above * I consent to the primary adopter’s employer processing the information I have provided * I consent to the amount of ShPP the primary adopter intends to take, in section E above * The information provided in this declaration is accurate | | | |
| Signature of partner |  | | |
| Date signed |  | | |

**Form 3: Notice confirming partner is taking SPL but primary adopter is not**

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| **SECTION A: General (must be completed)** | |
| Please accept this as notification that I (the primary adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be. | |
| Primary adopter’s last name |  |
| Primary adopter’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 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 primary adopter |  |
| Date signed |  |

**Form 4: Notification that partner is intending to take SPL**

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| **SECTION A: General (must be completed)** | |
| Please accept this as notification that I (the primary adopter’s partner) am entitled to and intend to take SPL (and ShPP if section C is completed). | |
| Partner’s last name |  |
| Partner’s first name(s) |  |
| Primary adopter’s last name |  |
| Primary adopter’s first name(s) |  |
| Primary adopter’s address |  |
| Primary adopter’s National Insurance number (put ‘none’ if no number is held) |  |
| Date informed of being matched for adoption |  |
| Expected date of child’s placement |  |
| Actual date of child’s placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement 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) |  |

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| **SECTION C: Amount of SPL available (must be completed)** | |
| The total number of weeks of SPL created depends on the adopter’s leave and pay entitlements:   * If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks of adoption leave taken * If the adopter 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 adopter was/is not entitled to adoption leave but is entitled to SAP, the total created will be 52 weeks less any weeks of SAP taken | |
| Total number of weeks of SPL created (50 max) |  |
| Total number of weeks of SPL I (the partner) intend to take |  |
| **SECTION D: Partner’s leave plans (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: 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 partner) intend to take |  |
| Total number of weeks of ShPP primary adopter intends to take |  |
| I (the partner) currently expect to take ShPP as follows:  [Note: It can help to answer this as ‘from…to…’] | |

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| **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 adopter’s spouse, the adopter’s civil partner or the adopter’s partner living with them and the child in an enduring relationship * I have been continuously employed for 26 weeks at the end of the week in which the adopter was notified of having been matched for adoption * 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 our child at the time of the child’s placement (along with the primary adopter who has made the declaration below) * If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me. * I will give my employer the name and address of the adopter’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   **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 week in which the adopter was notified of having been matched for adoption with the child * I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks * I will remain employed with this employer until before the date of my first period of ShPP * The information provided in this declaration is accurate | | |
| Signature of partner |  | |
| Date signed |  | |
| **SECTION G: Adopter’s declaration (must be completed)** | | |
| **The following points apply in all circumstances:**   * I had (or will have) shared responsibility for the child at the time of the placement of the child (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 week in which the adopter was notified of having been matched for adoption with the child * I have earned in total at least £… in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child * 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 and meets the notification requirements for SPL   **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 SAP * The information provided in this declaration is accurate | | |
| Signature of primary adopter | |  |
| Date signed | |  |