Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

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| **Section A: For Completion by Employee of West Lothian Council** | | | |
| Name: | | Employee No: | |
| Job Title: | Service Area: | | |
| **Employee Declaration** | | | |
| This form is for the purpose of notifying West Lothian Council of my intent to take Shared Parental Leave.  Please tick the appropriate statement below:   * I am the child’s mother / main adopter (delete as appropriate).   I am entitled to statutory maternity/adoption leave and hereby submit notice to end my maternity/adoption leave (and/or pay), with 8 weeks’ notice on:  ……………………..(insert date)   * I am the child’s father * I am the mother’s partner / main adopter’s partner (delete as appropriate)   I expect to share the main responsibility for care of the child with the person named in Section B.  I have 26 weeks continuous service with the council with effect from the 15th week before the EWC  I have earned above the lower earnings limit in the 8 weeks leading up to the 15th week before the EWC  I intend to care for the child during each week that I am on Shared Parental Leave  I will immediately notify Human Resources if I cease to care for the child, or otherwise cease to satisfy the conditions for entitlement to Shared Parental Leave or Pay.  Signed ……………………………………………………………..….. Date ………………………………………… | | | |
| **Maternity Details** | | | |
| Child’s **expected** date of birth/placement: | | |  |
| Child’s **actual** date of birth/placement (if known): | | |  |
| Child’s name (if known): | | |  |
| Guidance  If you (council employee) are the child’s mother or main adopter, please give your maternity/adoption leave dates below. If you are still on maternity/adoption leave you must give notice to bring your maternity leave to an end (see declaration above).  If you (council employee) are the child’s father or mother/main adopter’s partner, please give the mother/main adopter’s maternity/adoption leave dates. If the mother/main adopter is not entitled to statutory maternity/adoption leave (for example because she/he is self- employed, or unemployed) give the dates she/he started and ended (or will end) statutory maternity/adoption pay or maternity/adoption allowance as applicable. The mother/main adopter must give her/his employer notice to end maternity/adoption leave or give notice to the Department for Work and Pensions to end her/his maternity/adoption allowance as appropriate. | | | |
| Maternity or Adoption leave/pay/allowance start date: | | |  |
| Maternity or Adoption leave/pay/allowance end date: | | |  |
| Total maternity or adoption leave/pay/allowance used by end date (weeks): | | |  |

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| **Shared Parental Leave** | |
| Guidance  The total shared parental leave available is 52 weeks minus the total maternity or adoption leave/pay/allowance used by the mother / main adopter.  The first period of shared parental leave cannot start until at least 2 weeks after the child is born and at least 8 weeks after you submit notice to book leave.  You can submit your first notice to book leave along with this notice of entitlement form by signing the statement below. Otherwise, proposed leave dates provided below will be treated as indicative only and used to aid discussions with your line manager. **If you are still unsure about the exact dates you wish to take leave it would be sensible not to sign the statement below and instead give notice of exact dates later (ensuring you give at least 8 weeks’ notice).** | |
| Total shared parental leave available (whole weeks): |  |
| Number of whole weeks shared parental leave **intended** to be taken by you: |  |
| Number of whole weeks shared parental leave **intended** to be taken by the person named in Section B: |  |
| Please **indicate** the dates you would like to take shared parental leave: | |
| **The dates above will be treated as non-binding until notice to book leave is given, unless you choose to give notice to book leave by signing the statement below.**  I would like this notice of entitlement to be treated as binding notice to book leave and confirm my request to book shared parental leave on the dates given above.  Signed …………………………………………………………..……… Date ……………………………………… | |

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| **Shared Parental Pay** | |
| Guidance  The total statutory shared parental pay available is 39 weeks minus the total maternity or adoption pay/allowance used by the mother / main adopter.  You can submit binding notice of the shared parental pay you wish to take by signing the statement below. Otherwise, proposed dates of shared parental pay provided below will be treated as indicative only and used to aid discussions with your line manager. **If you are still unsure about the exact dates you wish to take shared parental pay it would be sensible not to sign the statement below and instead give notice to take shared parental pay later (ensuring you give at least 8 weeks’ notice).** | |
| Total shared parental pay available (whole weeks): |  |
| Number of whole weeks shared parental pay **intended** to be taken by you: |  |
| Number of whole weeks shared parental pay **intended** to be taken by the person named in Section B: |  |
| Please **indicate** the dates you would like to take shared parental pay:  : | |
| **The dates above will be treated as non-binding until notice to book shared parental pay is given, unless you choose to give notice to book shared parental pay by signing the statement below.**  I would like this notice of entitlement to be treated as binding notice to book shared parental pay and confirm my request to book shared parental pay on the dates given above.  Signed …………………………………………………………..……… Date ……………………………………… | |

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| **Section B: For completion by the person taking shared parental leave with the employee of West Lothian Council** | |
| Guidance  If the employee is the child’s mother /main adopter, you must be the child’s father or the mother’s partner / main adopter’s partner.  If the employee is not the child’s mother / main adopter, you must be the child’s mother / main adopter. | |
| Name: | National Insurance No: |
| Address: | |
| Your employers name & address (if employed) or your business address if self-employed: | |
| Declaration | |
| This form is for the purpose of notifying West Lothian Council of my intent to take Shared Parental Leave with their employee named in Section A above.  Please tick the appropriate statement below:   * I am the child’s mother / main adopter and I am (or was) entitled to statutory maternity or adoption leave/pay/allowance and I have ended my maternity or adoption leave/pay/allowance or will have done so by the time your employee starts shared parental leave.   My maternity or adoption leave/pay/allowance end date was or will be: …………………..…….(insert date)   * I am the child’s father * I am the mother’s partner / main adopter’s partner   I expect to share the main responsibility for care of the child with the person named in Section A.  I have worked for at least 26 weeks in the 66 weeks leading up to the EWC; and  I have earned an average of at least £30 a week in any 13 of those weeks.  I consent to your employee taking shared parental leave and claiming shared parental pay as set out in this notice and will immediately inform them if I cease to satisfy any of the conditions in this declaration.  I consent to the information in this declaration being used for the purposes of administering shared parental leave and pay.  Signed ……………………………………………………………………..….. Date …………………………………………… | |

**To West Lothian Council Employee: Now pass completed form to your line manager who will arrange to discuss your options with you.**