

Flexible working request form

Name	Department
<p>I am making a request to work a flexible working pattern that is different to my current working pattern under my right provided in law. I confirm that I meet each of the eligibility criteria as follows:</p> <ul style="list-style-type: none"> • I have worked continuously as an employee of the Trust for the last 26 weeks • I have not made a request to work flexibly under this right during the past 12 months <p>Please set out the reasons for your request (in particular if your request is to meet caring responsibilities or on health grounds)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Describe your current working pattern (days / hours / times worked)</p> <p>.....</p> <p>.....</p> <p>Describe the working pattern you would like to work in future (days / hours / times worked)</p> <p>.....</p> <p>.....</p> <p>I request that the change would become effective from (date)</p> <p>Please set out what effects you consider this change would have on the Trust and your colleagues</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>How do you consider the effects on the Trust and your colleagues could be dealt with?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signed</p> <p>Dated</p>	

Notes

This form should be used by members of staff wishing to request a change to their working pattern under the flexible working policy set out in the Employment Manual.

Full details of the flexible working policy are contained in the Employment Manual.

It may take up to three months to consider a request before it can be implemented and possibly longer if there are difficulties.

Parental leave request form

Name	Today's date
Department	

Parental leave requested (inclusive)	From	To
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Name of child
Age of child
Date of childbirth, expected childbirth or date of adoption
Full Parental Leave entitlement days
Number of days already authorised days
Number of days requested this time days
Balance of entitlement days

Authorised by
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<p>Notes</p> <p>Full details of Parental Leave entitlement are contained in the Employment Manual.</p> <p>The request should be authorised by your Head of Department or line manager. The form should then be passed to the Administration Office, where a central record is maintained. Should you cease your employment with the Trust at any time your record will be sent, upon request, to your new employer.</p> <p>The 'number of days authorised' in the box above are the number of days already approved, irrespective of whether you have taken them or not.</p> <p>If you submit a Parental Leave request form and then subsequently change or cancel the dates, a note should be sent to the Administration Office. This is your responsibility.</p> <p>You will be notified within seven days of submitting this request whether your leave has been granted.</p>

Paternity leave notification form

Name	Department
The expected week of childbirth is	
I intend my paternity leave to start [insert date]	
on the actual date of childbirth or	<input type="checkbox"/>
..... day(s) after the actual date of childbirth or	<input type="checkbox"/>
on of 201..	<input type="checkbox"/>
(NB: this date must be later than the first day of the expected week of childbirth)	
I intend to take one week / two weeks' paternity leave [delete as applicable]	
Declaration	
I wish to take paternity leave from the date shown above. I declare that:	
I am	<input type="checkbox"/>
<ul style="list-style-type: none"> • the baby's biological father; or • married to the mother; or • living with the mother in an enduring family relationship but am not an immediate relative 	
I have responsibility for the child's upbringing	<input type="checkbox"/>
I will take time off work to support the mother or care for the child.	<input type="checkbox"/>
You must be able to tick all three boxes above to be entitled to Statutory Paternity Pay and paternity leave.	
Signed	Dated

Notes

This form should be used by members of staff wishing to take paternity leave in accordance with the paternity leave and pay policy set out in the Employment Manual. It should not be confused with a request for unpaid parental leave.

Full details of paternity leave entitlement are contained in the Employment Manual.

Paternity adoption leave notification form

Name	Department
The expected week of adoption is
I intend my paternity leave to start
on the actual date of adoption or	<input type="checkbox"/>
..... day(s) after the actual date that the child is placed with the adopter or	<input type="checkbox"/>
on of 202..	<input type="checkbox"/>
(NB: this date must be later than the date on which the child is expected to be placed with the adopter)	
I intend to take one week / two weeks' paternity adoption leave [delete as applicable]	
Declaration	
I wish to take paternity adoption leave from the date shown above.	
The purpose of taking this leave is to care for a child and / or support the child's adopter.	
I confirm that I am married to the child's adopter / the partner of the child's adopter and I expect to have responsibility (apart from the responsibility of the adopter) for the upbringing of the child.	
Signed	Dated

Notes
This form should be used by members of staff wishing to take paternity adoption leave in accordance with the paternity leave and pay policy set out in the Employment Manual. It should not be confused with a request for unpaid parental leave.
Full details of paternity adoption leave entitlement are contained in the Employment Manual.

Shared Parental Leave forms

Form 1: curtailment notice: bringing maternity / adoption leave (and pay) to an end

Name	Department
<p>I wish to bring my [<input type="checkbox"/> ordinary / additional] maternity / adoption leave and maternity / adoption pay (if applicable) to an end to be able to take shared parental leave. I have also:</p> <ul style="list-style-type: none"> • completed a form providing an opt-in notice to take shared parental leave; or • provided a declaration that my partner has provided an opt-in notice to take shared parental leave to his / her employer and consent to the amount of leave that he/she intends to take. <p>I confirm that the date on which I wish to end my maternity / adoption leave is at least:</p> <ul style="list-style-type: none"> • eight weeks after the date of this curtailment notice; and • two weeks after I have given birth (where appropriate) or two weeks after the child has been placed with me for adoption; and • one week before what would have been the end of my additional maternity / adoption leave. <p>[<input type="checkbox"/> I confirm that my entitlement to enhanced maternity / adoption pay will cease when I opt in to shared parental leave.]</p> <p>I wish to end my [<input type="checkbox"/> ordinary / additional] maternity /adoption leave on:</p> <p>I wish my maternity / adoption pay period (if applicable) to end on:</p> <p>Signed Dated</p>	

Notes

This form should be used by members of staff wishing to curtail their maternity / adoption leave in accordance with the shared parental leave policy set out in the Employment Manual.

Full details of the shared parental leave policy are contained in the Employment Manual.

Form 2A: opt-in notice: mother / primary adopter's entitlement and intention to take SPL

Name	Department
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I wish to provide the Trust with an initial indication of my proposed shared parental leave, as well as the required declarations from myself and my partner.

Section A: information which must be provided by employee

My partner's name is

My maternity / adoption leave [• started / is expected to start] on

My maternity / adoption leave [• ended / is expected to end] on

My [• child's expected week of birth is / child was born on / child is expected to be placed with me / child was placed with me]

The total amount of shared parental leave my partner and I have available is

I intend to take the following number of weeks' shared parental leave

My partner intends to take the following number of weeks' shared parental leave

The total amount of shared parental pay (if applicable) my partner and I have available is

I intend to take the following number of weeks' shared parental pay (if applicable)

My partner intends to take the following number of weeks' shared parental pay (if applicable)

Indication of SPL dates (if known)

I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take)

Section B: declaration which must be completed by employee

I [satisfy / will satisfy] the following eligibility requirements to take shared parental leave (tick and sign as appropriate)

I [have / will have] 26 weeks' continuous employment ending with the 15th week before the expected week of childbirth or the week the adoption agency notifies me that I have been matched with a child for adoption and, by the week before any period of shared parental leave that I take, I will have remained in continuous employment with the Trust.

At the date of the child's birth or placement for adoption, I [have / will have] the main responsibility, apart from my partner, for the care of the child.

I am entitled to statutory maternity / adoption leave in respect of the child.

I have [complied with the Trust's maternity / adoption leave curtailment requirements / returned to work before the end of my statutory maternity / adoption leave period], and will comply with the Trust's shared parental leave notice and evidence requirements.

The information that I have provided is true and accurate.

I will immediately inform the Trust if I cease to care for the child.

Section C: declaration which must be completed by employee's partner

Name

Address
.....
.....

National Insurance number

(Please confirm if no National Insurance number)

I [satisfy / will satisfy] the following eligibility requirements to enable the mother/primary adopter to take shared parental leave (all boxes must be ticked)

I have been employed or been a self-employed earner in at least 26 of the 66 weeks immediately preceding the expected week of childbirth or the week the adoption agency notifies me that I have been matched with a child for adoption.

I have average weekly earnings of at least £30 for any 13 of those 66 weeks.

At the date of the child's birth or placement for adoption, I [have / will have] the main responsibility, apart from the mother, for the care of the child.

I am the father of the child, or am married to / the civil partner of / the partner of, the mother / primary adopter.

I consent to the amount of shared parental leave that the mother / primary adopter intends to take.

I consent to the Trust processing the information provided in this form and contacting my employer for the purposes of verifying this information.

Signed Dated
(Mother / primary adopter)

Signed Dated
(Partner)

Notes

The School will contact your employer for the purpose of verifying the information provided on this form. Further information about how the School uses Personal Information can be found in the Staff Privacy Notice.

Full details of SPL entitlement are contained in the employment manual.

You should inform your Head of Department or line manager of this notice. The form should then be passed to the Administration Officer, where a central record is maintained. Should you cease your employment with the Trust at any time your record will be sent, upon request, to your new employer.

If you submit a SPL request form and then subsequently wish to change or cancel the dates, Form 4 should be sent to the Administration Office. This is your responsibility.

Form 2B: opt-in notice: partner's entitlement and intention to take SPL

Name	Department
I wish to provide the Trust with an initial indication of my proposed shared parental leave, as well as the required declarations from myself and the mother.	
Section A: information which must be provided by employee	
The mother / primary adopter's name is
The mother's / primary adopter's maternity / adoption leave [<input type="checkbox"/> started / is expected to start] on
The mother's / primary adopter's maternity / adoption leave [<input type="checkbox"/> ended / is expected to end] on
The mother / primary adopter [<input type="checkbox"/> received / is expected to receive] the following periods of [<input type="checkbox"/> statutory maternity / adoption pay / maternity / adoption allowance]
My [<input type="checkbox"/> child's expected week of birth is / child was born on]
The total amount of shared parental leave the mother and I have available is
I intend to take the following number of weeks' shared parental leave
The mother / primary adopter intends to take the following number of weeks' shared parental leave
The total amount of shared parental pay (if applicable) the mother / primary adopter and I have available is
I intend to take the following number of weeks' shared parental pay (if applicable)
The mother / primary adopter intends to take the following number of weeks' shared parental pay (if applicable)

Indication of SPL dates (if known)

I intend to take shared parental leave on the
following dates (please include the start and end
dates for each period of leave that you intend to
take)

Section B: declaration which must be completed by employee

I declare that I [• satisfy / will satisfy] the following eligibility requirements to take shared parental leave (tick and sign as appropriate)

I [• have / will have] 26 weeks' continuous
employment ending with the 15th week before
the expected week of childbirth or the week the
adoption agency notifies me that I have been
matched with a child for adoption and, by the
week before any period of shared parental leave
that I take, I will have remained in continuous
employment with the Trust.

At the date of the child's birth or placement for
adoption, I [• have / will have] the main
responsibility, apart from the mother / primary
adopter, for the care of the child.

I will comply with the Trust's shared parental
leave notice and evidence requirements.

The information that I have provided is true and
accurate.

I am the father of the child, or am married to,
the civil partner of, or the partner of, the
mother / primary adopter.

I will immediately inform the Trust if I cease to
care for the child or if the child's
mother / primary adopter informs me that she
has revoked the curtailment of her
maternity / adoption leave or pay period.

Section C: declaration which must be completed by the mother / primary adopter

Name

Address
.....
.....

National Insurance number

(Please confirm if no National Insurance
number)

I [satisfy / will satisfy] the following eligibility requirements to enable my partner to take shared parental leave:

I have been employed or been a self-employed earner during at least 26 of the 66 weeks immediately preceding the expected week of childbirth or the week the adoption agency notifies you that you have been matched with a child for adoption.

I have average weekly earnings of at least £30 for any 13 of those 66 weeks.

At the date of the child's birth or placement for adoption, I [have / will have] the main responsibility, apart from my partner, for the care of the child.

I am entitled to statutory maternity / adoption leave, statutory maternity / adoption pay or maternity / adoption allowance in respect of the child.

I have [curtailed my maternity / adoption leave / returned to work before the end of my statutory maternity / adoption leave period].

I consent to the amount of shared parental leave that my partner intends to take.

I will immediately inform my partner if I no longer meet the requirements to curtail my maternity / adoption leave (and pay, if applicable).

I consent to the Trust processing the information provided in this form and contacting my employer for the purposes of verifying this information.

Signed Dated

(Partner)

Signed Dated

(Mother / primary adopter)

Notes

The School will contact your employer for the purpose of verifying the information provided on this form. Further information about how the School uses Personal Information can be found here [Policies – The Athelstan Trust](#)

Full details of SPL entitlement are contained in the Employment Manual.

You should inform your Head of Department of this notice. The form should then be passed to the Trust Payroll officer who maintains a central record. Should you cease your employment with the Trust at any time your record will be sent, upon request, to your new employer.

You must provide all information requested in this form.

If you submit a SPL request form and then subsequently wish to change or cancel the dates, Form 4 should be sent to the Trust Office. This is your responsibility.

