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Description automatically generatedForm 4: Notification that partner is intending to take SPL (for partner’s employer)**

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| **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 C is completed). | |
| Partner’s first name(s) |  |
| Partner’s last name |  |
| Mother or birth parent’s first name(s) |  |
| Mother or birth parent’s surname |  |
| Mother or birth parent’s address |  |
| Mother or birth parent’s National Insurance number (put ‘none’ if no number is held) |  |
| Expected date of child’s birth |  |
| Actual date of child’s birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL) |  |
| **SECTION B: Maternity entitlement details (all answers that apply must be completed)** | |
| Start date of mother or birth parent’s maternity leave (if applicable) |  |
| End date of mother or birth parent’s maternity leave (if applicable) |  |
| Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends |  |
| Start date of SMP or MA (if applicable) |  |
| End date of SMP or MA (if applicable) |  |
| Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment |  |
| Total number of weeks SMP or MA will be reduced by (39 weeks less total number of weeks SMP or MA 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 mother or birth parent’s leave and pay entitlements.   * If the birth mother or birth parent was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken * If the mother or birth parent was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken * If the mother or birth parent was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid * If the mother or birth parent previously revoked her curtailment notice any SPL that was taken by the partner must be deducted | |
| 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 mother or birth parent intends to take (if applicable) |  |
| **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 if claiming ShPP)** | |
| Total number of weeks of ShPP created (39 weeks less total number of SMP/MA 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 the mother or birth parent 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 father of the child, or at the time of the birth I was (or will be) the mother or birth parent’s spouse, civil partner and/or partner living with them and the child in an enduring relationship * I have been (or will be) 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 care of our child at the time of the child’s birth (along with the child’s mother or birth parent who has made the declaration below) * I will give my employer a copy of my child’s birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice * I will give my employer the name and address of the mother or birth 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 or if my partner revokes their notice to curtail her maternity leave or SMP/MA period * 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 in the weeks I receive 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 (if entitled to SPL) * 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 partner signed |  |

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| **SECTION G:** **Mother or birth parent’s declaration (must be completed)** | |
| **The following points apply in all circumstances:**   * I had (or will have) the main 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 maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA. * I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth * I have (or will have) earned in total at least £… in 13 weeks of the 66 weeks before the expected week of birth * I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement * 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 SMP or MA, and I have reduced (or will reduce) the SMP or MA 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 will immediately inform my partner if I revoke the reduction of my SMP or MA * I consent to the person who will pay ShPP to my partner or the child’s father processing the information I have provided * The information provided in this declaration is correct | |
| Signature |  |
| Date signed |  |