

## TEACHERS SHARED PARENTAL LEAVE SCHEME NOTIFICATION OF ABSENCE

- Notes:
1. This form should be completed by ALL teachers absent owing to shared parental leave whether or not they are entitled to payment. For further information please refer to the current circular TNC 2015/5 on shared parental leave. This is available from your school, employing authority or the [DE Website](#).
  2. Teachers will be required to give notification to their principal of their eligibility and intention to take shared parental leave at least 8 weeks before they can take any period of shared parental leave.
  3. This form is required to be completed by the teacher/s to confirm eligibility and entitlement with their principal. This form can also be used to confirm eligibility and entitlement to Statutory Shared Parental Pay (ShPP).
  4. If you are the main adopter and wish to take SPL, please complete Parts 1 and 2.

If you are the main adopter and only the secondary adopter wishes to take SPL, please complete Parts 1 and 3.

If you are the secondary adopter and wish to take SPL, please complete Part 4.

5. On receipt the principal should immediately complete Part 5 and forward the form to the Chair of the Board of Governors for signature and then on to Teachers Pay and Pensions Team at the address detailed below:

Teachers' Pay & Pensions Team  
Pay Section  
Waterside House  
75 Duke Street  
Gobnascale  
Londonderry  
BT47 6FP

Email to [teachers.pay@education-ni.gov.uk](mailto:teachers.pay@education-ni.gov.uk)

### Key abbreviations used in these forms:

SPL	Shared Parental Leave
ShPP	Statutory Shared Parental Pay
SAP	Statutory Adoption Pay

## Part 1: Curtailment of Adoption Leave and Pay

<b>SECTION A: General (must be completed)</b>	
Please accept this as my notice to curtail my adoption leave and/or SAP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my Adoption leave, Occupational Adoption Pay and SAP will end on the date given in Section B. I understand that I can only reinstate my Adoption leave, Occupational Adoption Pay and SAP if I revoke this notice before the curtailment date given in Section B.	
Teachers' Reference Number	
Main Adopter's surname	
Main Adopter's first name(s)	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed, I will provide this information as soon as reasonably practicable following adoption and before I take any SPL)	
<b>SECTION B: Curtailing Adoption leave (must be completed)</b>	
Date statutory Adoption leave/SAP started/is intended to start	
Date statutory Adoption leave/SAP will come to an end	
Total number of weeks of statutory Adoption leave/SAP that will have been taken at the date that statutory Adoption leave ends	
<b>SECTION C: Signature (must be completed)</b>	
Signature of Main Adopter	
Date signed	

## Part 2: Notification that Main Adopter is intending to take SPL.

<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the main adopter) am entitled to and intend to take SPL and ShPP.	
Main Adopter's surname	
Main Adopter's first name(s)	
Secondary Adopter's surname	
Secondary Adopter's first name(s)	
Secondary Adopter's address	
Secondary Adopter's National Insurance number (State 'none' if no number is held)	
Child's expected date of placement	
Actual date of child's placement (if child not yet placed, I will provide this information as soon as reasonably practicable following adoption and before I take any SPL)	
<b>SECTION B: Adoption entitlement details (all answers that apply must be completed)</b>	
Date Main Adopter started (or intends to start) Statutory Adoption Pay/Adoption leave	
Date Main Adopter's Statutory Adoption Pay/Adoption leave ended (or will end)	
Total number of weeks of Statutory Adoption Pay/Adoption Leave that will have been taken at the date that Statutory Adoption Pay/Adoption leave ends	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	
<b>SECTION C: Amount of SPL available (must be completed)</b>	
Total number of weeks of SPL created (52 weeks less total number of Adoption weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the Main Adopter) intend to take	
Total number of weeks of SPL Secondary Adopter intends to take	

**SECTION D: Indication of Main Adopter's leave intentions (must be completed but is not binding) – Please enter dates you will be off work – not the weeks you will be returning to work.**

I (the Main Adopter) currently expect to take SPL as follows:

Note: It will usually be helpful to answer this in a "From... To..." format

**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)	
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Total number of weeks of ShPP I (the Main Adopter) intend to take:	
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Total number of weeks of ShPP Secondary Adopter intends to take:	
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I (the Main Adopter) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a "From... To..." format

**SECTION F: Main Adopter's declaration (must be completed)**

**The following points apply in all circumstances where Main Adopter is entitled to Adoption/adoption leave:**

- I am giving notice that I am entitled to and intend to take SPL.
- I have, or will have, been continuously employed for 26 weeks at the end of the 15<sup>th</sup> week before the week in which the child is due to be placed.
- 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 adoption (along with my partner (Secondary Adopter) who has made the declaration below)
- I am entitled to Adoption leave; my Adoption leave period is reduced, and the remaining weeks are now available as SPL.
- I will inform my employer immediately if I am no longer caring for my child.
- I will give my employer a copy of my child's adoption certificate or a declaration of the date and place of the adoption 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 my partner's (Secondary Adopter) 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 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 15<sup>th</sup> week before the expected week of adoption.
- I am entitled to SAP in respect of the adoption of our child, 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 I will be on SPL in those weeks (if entitled to SPL)
- I intend to care for my child in the weeks I receive ShPP.
- I will remain employed with this employer until before the date of my first period of ShPP.
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SAP
- The information provided in this declaration is accurate

Signature of Main Adopter

Date Main Adopter signed.

**SECTION G: Partner's (Secondary Adopter's) declaration (must be completed)**

- I am the Secondary adopter of the child, or at the date of the adoption I was (or will be) the Main Adopter's spouse, the Main Adopter's civil partner and/or the Main Adopter's partner living with main adopter and the child in an enduring relationship.
- I had (or will have) the main responsibility for the care of our child at the time of the adoption (along with the child's Main Adopter)
- I have been (or will have been) employed or self-employed in 26 weeks of the 66 weeks before the expected week of adoption.
- I have (or will have) earned in total at least £30 average per week in 13 weeks (£390 total) of the 66 weeks before the expected week of adoption.
- I consent to the amount of SPL which the main adopter intends to take, as set out in Section D above.
- I consent to the Main Adopter's employer processing the information I have provided.
- I consent to the amount of ShPP which the Main Adopter intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner (Secondary Adopter)

Date partner (Secondary Adopter) signed.

### Part 3: Notice confirming that Partner (Secondary Adopter) is taking SPL, but Main Adopter is not.

<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the Main Adopter) do not intend to take SPL (or ShPP where relevant) but that my partner (Secondary Adopter) will be.	
Main Adopter's surname	
Main Adopter's first name(s)	
<b>SECTION B: Confirmation</b>	
<ul style="list-style-type: none"><li>• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)</li><li>• I declare that my partner (Secondary Adopter) has given notice to their employer to take SPL and/or ShPP.</li><li>• I consent to my partner's (Secondary Adopters) intended claim for SPL and/or ShPP.</li></ul>	
<b>SECTION C: Signature (must be completed)</b>	
Signature of Main Adopter	
Date signed	

## Part 4: Notification that Partner (Secondary Adopter) is intending to take SPL.

<b>SECTION A: General (must be completed)</b>	
Please accept this as notification that I (the main Adopter's partner) am entitled to and intend to take SPL (and ShPP if section C is completed).	
Partner's (Secondary Adopter's) surname	
Partner's (Secondary Adopter's) first name(s)	
Main Adopter's surname	
Main Adopter's first name(s)	
Main Adopter's address	
Main Adopter's National Insurance number (State 'none' if no number is held)	
Child's expected date of adoption	
Actual date of child's placement (if child not yet born, I will provide this information as soon as reasonably practicable following adoption and before I take any SPL)	
<b>SECTION B: Adoption entitlement details (all answers that apply must be completed)</b>	
Date Main Adopter started (or intends to start) Adoption leave/SAP (if applicable)	
Date Main Adopter's Adoption leave/SAP ended (or will end) (if applicable)	
Total number of weeks of Adoption leave/SAP taken (or that will be taken) when Adoption leave/SAP ends	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus 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)**

The total number of weeks of SPL created depends on the mothers leave and pay entitlements:

- If the Main Adopter was/is entitled to Adoption leave and SAP, the total created will be 52 weeks less any week's Adoption leave/SAP taken.
- If the Main Adopter was/is entitled to Adoption leave but not to SAP, the total created will be 52 weeks less any week's Adoption leave taken.
- If the Main Adopter was/is not entitled to Adoption leave but was entitled to SAP, the total created will be 52 weeks less any weeks of SAP that was paid.
- If the Main Adopter previously revoked their curtailment notice any SPL that was taken by the partner (Secondary Adopter) must be deducted

Total number of weeks of SPL created (50 max)	
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Total number of weeks of SPL I (the partner / Secondary Adopter) intend to take	
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Total number of weeks of SPL the Main Adopter intends to take (if applicable)	
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**SECTION D: Indication of Partner's (Secondary Adopter's) leave intentions (must be completed but is not binding)**

I (the partner / Secondary Adopter) currently expect to take SPL as follows:

Note: It will usually be helpful to answer this in a "From... To..." format

**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)	
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Total number of weeks of ShPP I (the partner / Secondary Adopter) intend to take:	
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Total number of weeks of ShPP Main Adopter intends to take:	
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I (the partner / Secondary Adopter) currently expect to take ShPP as follows:

Note: It will usually be helpful to answer this in a "From... To..." format

**SECTION F: Partner's / Secondary Adopter'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 Secondary Adopter of the child, or at the time of the adoption I was (or will be) the Main Adopter's spouse, the Main Adopter's civil partner and/or the Main Adopter's partner living with them and the child in an enduring relationship.
- I have, or will have, been continuously employed for 26 weeks at the end of the 15<sup>th</sup> 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) the main responsibility for the care of our child at the time of the child's adoption (along with the child's Main Adopter who has made the declaration below)
- I will give my employer a copy of my child's adoption certificate or a declaration of the date and place of the adoption 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 Main 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 or if my partner revokes their notice to curtail her Adoption leave or SAP 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 15<sup>th</sup> week before the expected week of adoption.
- 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 (Secondary Adopter)

Date partner (Secondary Adopter) signed.

**SECTION G: Main Adopter'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 adoption (along with my partner (Secondary Adopter) 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, or will have, been employed or self-employed in 26 weeks of the 66 weeks before the expected week of adoption.
- I have (or will have) earned in total at least £30 average per week (£390 total) in 13 weeks of the 66 weeks before the expected week of adoption.
- I will immediately inform my partner (Secondary Adopter) if I revoke my notice to curtail my Adoption leave or, if I am not entitled to Adoption leave, my SAP entitlement.
- I consent to my partner's (Secondary Adopter's) intended SPL as set out in Section D above.
- I consent to my partner's (Secondary Adopter'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 (Secondary Adopter's) intended ShPP as set out in Section E above.
- I will immediately inform my partner (Secondary Adopter) if I revoke the reduction of my SAP
- I consent to the person who will pay ShPP to my partner (Secondary Adopter) or the child's father processing the information I have provided.
- The information provided in this declaration is correct

Signature of Main Adopter

Date Main Adopter signed.

## Part 5: Principal's Declaration

To: **DEPARTMENT OF EDUCATION**

The above-named teacher has complied with the current Teachers' Shared Parental Leave Scheme and both continuity and employment and earnings tests have been met.

Signed: \_\_\_\_\_  
*(Principal)*

Date \_\_\_\_\_  
Received: \_\_\_\_\_

Signed: \_\_\_\_\_  
*(Chair of Board of Governors)*

Date: \_\_\_\_\_