

Policy

Maternity, Adoption, Maternity Support (Paternity) and Parental Leave Policy

Key Points

Outlines the process for applying for maternity, adoption, shared parental leave and maternity support (paternity) leave. The policy covers a range of situations that may arise such as pay, sickness absence and returning to work. It sets out the rights and obligations of both employees and managers before, during and after leave.

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- Flexible Working Policy
- Special Leave and Career Break Policy
- Countering Fraud, Bribery and Corruption Policy.

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1 Introduction

1.1 This policy outlines the process for applying for maternity, adoption, maternity support (paternity) leave and shared parental leave. It covers how to apply and details the conditions and pay of the relevant leave. It also sets out the rights and obligations of employees and managers as outlined in the NHS Terms and Conditions of Service Handbook and relevant legislation.

2 Scope

- 2.1 This policy applies to
- All GOSH employed staff where the individual is directly employed by GOSH either on a fixed term or permanent contract;
- 2.2 It does not apply to:
- Board Members Member of the Trust Board. Specifically the Chair, Non-Executive Directors and Executive Directors
- Governors Member of the Council of Governors
- Contractors individuals on-site at GOSH, who are employed by an external contracting company including consultancy work;
- Agency staff individuals on-site at GOSH who are employed via an agency on the NHS Agency Framework;
- Honorary contract holder individuals engaged via a GOSH Honorary contract;
- Bank staff individuals with a GOSH bank contract;
- Volunteers individuals employed via the GOSH volunteer programme.
- Students students on placement within the Trust as part of their educational programme
- Observers those over the age of 18 and wish to observe a department within GOSH
- Young visitors programme those on placements in the different clinical areas of GOSH who are between 16-17 years of age
- Work experience candidates students who are gaining work experience within the Trust
- Foundation Year 1 & Foundation Year 2 Placements those training to be doctors at Foundation Year 1 and 2 level, who wish to experience a Paediatric Hospital environment to help inform future career decisions
- Research Placements those holding a research contract issued by the research and governance team or an Honorary contract if they are undertaking both Research and Clinical work

- 2.3 For In-House Bank workers' entitlement, please refer to the In-House Bank team. Contractors should also refer to their own employment terms and conditions.
- 2.4 Great Ormond Street Hospital for Children NHS Foundation Trust is committed to providing employees with access to leave and arrangements which support them in balancing work responsibilities with work commitments. This policy is one of a set of policies that support the Trust's approach to helping employees balance work and home life.

3 Aims and Objectives

- 3.1 The following aims and objectives underpin all the provisions outlined in this policy:
- Ensuring that employees who are intending to take leave in the following circumstances, understand their entitlements and responsibilities in relation to leave and pay;
 - o pregnant and intending to take a period off leave from work;
 - o adopting a child in which a placement date has been confirmed;
 - o planning to take a period of maternity support (paternity) leave or
 - shared parental leave
- Encouraging and supporting employees to have a healthy work life balance.
- Applying the policy in a fair and consistent manner.

4 Duties and Responsibilities

- 4.1 Directors and Line Managers
- 4.1.1 Responsible for responding to notification from employees for maternity, adoption, maternity support (paternity) and shared parental leave.
- 4.1.2 Advising on the Trust maternity, adoption, maternity support (paternity) and shared parental leave policy and processes.
- 4.1.3 Agreeing and recording annual leave arrangements before and after an employee's period of leave.
- 4.1.4 Agreeing commencement and provisional return dates.
- 4.1.5 Responsible for keeping in touch with employees for the duration of their leave as agreed, and ensuring employees are up to date with any changes within their department and/or the Trust.
- 4.1.6 Facilitate the return to work of employees and ensuring that all processes are followed to reinstate the employee with necessary access and IT rights upon their return.
- 4.2 All GOSH employees:
- 4.2.1 Responsible for notifying their manager as soon as possible of their intention to take maternity, adoption, maternity support (paternity) and shared parental leave in line with this policy.
- 4.2.2 Ensure that an Occupational Health Pregnancy Risk Assessment form is completed and forwarded to their line manager as soon as they discover they are pregnant (if applicable).
- 4.2.3 Responsible for submitting all required notification forms and supporting documents within the timeframes specified.

- 4.2.4 Ensure that they keep in touch with their line manager for the duration of their leave through an agreed method prior to commencement of leave
- 4.2.5 Keep their manager up to date with any changes to their circumstances (i.e. change to their address, contact and emergency contact details during their leave).
- 4.2.6 Ensure that any requests to change arranged commencement and provisional return to work dates are communicated to their line manager with sufficient notice (where possible).
- 4.3 HR & OD Directorate:
- 4.3.1 Responsible for the processing and recording of applications for maternity, adoption, maternity support (paternity) and shared parental leave.
- 4.3.2 To support, where necessary, managers and employees in line with the policy.
- 4.3.3 To provide information to managers and employees where gueries arise
- 4.4 Payroll
- 4.4.1 To provide advice and information on pay entitlements and pension contributions in line with the policy.

5 Definitions

- 5.1 Maternity Leave:
 - **Maternity leave:** A period of leave available to a pregnant employee who is intending to take leave to have a baby
 - **EDD:** Expected date of delivery
 - **EWC**: Expected week of childbirth
 - Qualifying Week: i.e. 15th week before the EDD. An employee must be employed by GOSH, or an alternative NHS employer and have worked continuously for this employer for 26 weeks prior to this week to qualify for statutory maternity pay.
 - MATB1: Certificate provided by GP/Midwife confirming the EDD Usually issued approximately 24 weeks into pregnancy.
 - **OMP**: Occupational Maternity Pay
 - **SMP**: Statutory Maternity Pay
 - **KIT days**: Keep in touch days; with the manager's agreement an individual may work on up to ten days during their maternity leave.
 - MA: Maternity Allowance Employees who do not qualify for Statutory Maternity Pay may be entitled to Maternity Allowance, paid by Job Centre Plus Agency for up to 39 weeks
 - **Income Support**: Must be claimed by you from Job centre plus office, this may be payable if you are not entitled to either OMP, SMP or Maternity Allowance.
 - 11th Week: prior to the due date (i.e. pregnancy week 29) is the earliest date that maternity leave can start. It is also the date used when calculating entitlement to OMP.
 - **15**th **Week** before due date (pregnancy week 25) employee must inform line manager of date maternity leave is due to start
 - Compulsory Maternity Leave: 2 weeks immediately after the birth of your child when employees have to take maternity leave
- 5.2 Adoption Leave:
 - **SAP:** Statutory Adoption Pay
 - OAP: Occupational Adoption Pay

- Adopter: the person(s) who are going to adopt a child. They may adopt a child on their own or with their partner. If a couple adopt, only one partner can be the primary adopter and claim adoption leave and pay, the other would claim maternity support (paternity) pay. This can include heterosexual or same sex couples or those adopting as single persons.
- **Matched/Matching:** means the adoption agency has decided that a person is suitable to adopt a particular child. The adoptive parent(s) may be given a "matching certificate letter from the agency they adopting through.
- **Matching date**: the date when the adoption agency told the employee that they had been matched with a child.
- **Matching week:** the week that the adoption agency told the employee that they had been matched with a child.
- **Placed:** means the child starts living with the adoptive parent/s permanently with a view to being formally adopted in the future. They may have stayed for short periods of time before this date.
- Official Notification: is what a person adopting from abroad needs from the relevant domestic authority to confirm that they are a suitable adoptive parent.
- 5.3 Maternity Support (Paternity) Leave:
 - EDD: Please see under maternity leave definitions.
 - Partner: A partner is someone who lives with the mother of the baby in an enduring family relationship, but is not immediately related. A partner may include either a male or female partner in a same sex couple.
 - **OPL:** Ordinary Paternity Leave A block of up to 2 weeks which can only be taken after the birth of the child, or date the child is placed for adoption, and must finish 56 days after this date.
 - **OPP:** Occupational Paternity Pay
 - **SPP:** Statutory Paternity Pay
- 5.4 Shared Parental Leave:
 - SPL: Shared Parental Leave.
 - ShPP: Statutory Shared Parental Pay Payment during Shared Parental Leave.
 - Shared Parental Leave in Touch days (SPLIT): Keep in touch days, with the manager's agreement an individual may work up to twenty days (split between two partners) during their shared parental leave.
 - **Continuity test**: To have a minimum of 26 weeks service at the end of the 15th week before the child's expected due date/matching date.
 - **Employment and Earnings Test:** The employees partner must also meet the criteria set out in this test to qualify for Shared Parental Leave.

6 Maternity Leave

- 6.1 All women on maternity leave are entitled to take 52 weeks maternity leave. The pay entitlement during this leave is dependent on various criteria outlined below.
- 6.2 A maternity flowchart and summary entitlements can be viewed in <u>Appendix 2</u>. This will help you to determine what type of maternity pay you are eligible for.

7 Maternity Pay Entitlements

7.1 OMP plus SMP

If you have at least

- 12 months continuous service with the NHS by the 11th week (pregnancy week 29) before your EWC and
- 26 weeks continuous service with the Trust by the beginning of the 15th week (pregnancy week 25) before your Expected Week of Childbirth (EWC) and you
- intend to return to work at GOSH or the NHS for a minimum of 3 months, you will receive:
 - > 8 weeks on full pay
 - ➤ 18 weeks on half pay plus the flat rate Statutory Maternity Pay (or average weekly earnings, whichever is lower)
 - ➤ 13 weeks on lower SMP rate
 - > 13 weeks unpaid leave

7.2 Occupational Maternity Pay (OMP) Only

- If you have at least 12 months continuous service with the NHS by the 11th week (pregnancy week 29) before your Expected Week of Childbirth (EWC)
- but not 26 weeks of service at GOSH on your qualifying week and you intend to return to work after your maternity leave, you will receive:
 - ➤ 8 weeks on full pay less SMP or Maternity Allowance receivable
 - ➤ 18 weeks on half pay
 - 26 weeks unpaid leave

In this instance, a SMP1 form will be issued to you by the Trust, to complete in order that you can apply for maternity allowance. You will need to contact Job Centre Plus on 0800 055 66 88 or download the claim form at www.gov.uk/maternity-allowance/how-to-claim.

7.3 Statutory Maternity Pay (SMP) Only

If you have at least

- 26 weeks continuous service with the Trust by the beginning of the 15th week (pregnancy week 25) before your Expected Week of Childbirth (EWC)
- but not 12 months continuous NHS service
- or if you are eligible for OMP and SMP but you do not intend to return to work after your maternity leave, you are entitled to SMP and 52 weeks leave, this will be paid as:
 - 6 weeks on 90% of your normal pay
 - > 33 weeks on flat rate SMP or 90% of your average weekly earnings, whichever is lower
 - > 13 weeks unpaid leave

Please note that flat rate SMP varies each year, please refer to the www.gov.uk

website to find out the current rate of SMP. New rates of SMP are introduced every April by the government.

You do not have rights to SMP if:

- You do not have 26 weeks continuous service with the Trust by the beginning of the 15th week (pregnancy week 25) before your EWC
- Your earnings before tax are below the Lower Earnings Limit for National Insurance
- You work more than 10 Keeping in Touch (KIT) days during your paid maternity period

7.4 Maternity Allowance (MA)

If you do not have the required service to be eligible for the above you may be entitled to receive 39 weeks of Maternity Allowance (MA). You will qualify for MA if you have worked for an employer for at least 26 weeks and were paid during that time for at least 13 weeks. The period of work can have occurred at any time during the 66 weeks up to the week before your EWC. To be eligible for MA, you must have earned a minimum of £30 a week during this period. You will need to contact Job Centre Plus on 0800 055 66 88 or download the claim form at www.gov.uk/maternity-allowance/how-to-claim

The flat rate of MA varies each year, please view the www.gov.uk website to find out the current rate.

8 How is maternity pay calculated?

Maternity pay is paid in the same way as your normal pay i.e. monthly and is subject to deductions of income tax, National Insurance contributions and superannuation, where appropriate.

The maternity pay (SMP and/or OMP) that you receive is calculated by averaging your total earnings (gross earnings) over the reference period. The reference period used by the Payroll Department is between week 17 and week 24 of your pregnancy. If you are due an increment or pay award then this will be taken into account.

If you are in a salary sacrifice scheme you would need to consider whether to leave the scheme to avoid this having a negative impact on your maternity pay.

In the case of unpaid sickness absence, or on sickness absence half pay during the whole or part of the period used for calculating average weekly earnings, average weekly earnings shall be calculated on the basis of notional full sick pay.

8.1 Continuous Service

For the purpose of calculating whether you meet the 12 months continuous service eligibility criteria with one or more NHS employers, the following provisions shall apply:

- The NHS employer can include NHS health authorities, NHS boards, NHS
- Trusts and the Northern Ireland Health Service
- A break in service of three months or less will be disregarded but the duration of the break will not contribute to your total length of service.

The following breaks in service will be disregarded (although the duration of the breaks will not count towards your total length of service):

- Work undertaken under the terms of an honorary contract
- Employment as a locum with a General Practitioner for a period not exceeding 12 months
- A period of up to 12 months spent abroad as part of a definite programme of postgraduate training on the advice of the postgraduate dean or college or faculty advisor in the speciality concerned.
- A period of voluntary service overseas with a recognised international relief organisation for a period of 12 months, which may exceptionally be extended for a further 12 months at the discretion of the employer which recruits the employee on their return.

8.2 Pension payments during maternity leave

If you are paying into the NHS Pension Scheme, your pension contributions will continue at the same rate and will be deducted during your paid maternity leave period. However, when your maternity pay ends and you commence unpaid maternity leave, your employee pension contributions will stop. During unpaid maternity leave the employer's contribution will continue to be paid and arrears of your employee contributions will accumulate.

When you return to work these arrears will be deducted from your pay. The repayments are calculated based on your pay immediately prior to commencing unpaid maternity leave. They will be collected over the same time scale as they built up e.g. if you are on no pay for three months, the accumulated arrears will be deducted over the three months following your return to work. Please contact the Trust Payroll department if you have any questions.

8.3 Returning to work

Your manager will be expecting you to return to work on the date stated on your Notification form in Appendix 4 and s/he will contact you least 8 weeks before you are due to return to confirm your return to work date. Your manager will need to complete an SRS form to confirm your return to work date.

If you wish to return on a different date, either earlier or later than originally agreed, please discuss this with your manager and put in writing, giving at least 8 weeks' notice.

An employee returning to work after maternity leave has the right to return to her job under her original contract and on no less favourable terms and conditions.

Employees will return to return to work on their current hours. Employees do have the right to request flexible working patterns. To request flexible working please refer to the Flexible Working Policy and complete the required application form. Flexible Working is at the discretion of managers and will be dependent on the needs of the service.

8.4 Not returning to work

You are required to provide your contractual period of notice if you do not intend to return to work following maternity leave.

If you decide not to return you will be required to refund the whole of the Occupational Maternity Pay received (less any Statutory Maternity Pay, to which you are entitled) if you either:

- Do not return when you had notified the Trust of your intention to do so
- Do not remain in continuous employment in the NHS for 3 months following a return to work after maternity leave

• Do not commence in further substantive NHS employment within 15 months of the commencement of your maternity, going on to work a minimum of 3 months.

OR

- Where you have notified your intention to return to another NHS Employer, but fail to submit
 a copy of your contract or letter of appointment confirming that the start date with the new
 employer is at least 3 months before the 15th month following the start of your Maternity
 Leave.
- Where OMP has been paid but you do not return to work continuously for three months, the difference between SMP and OMP entitlement will be treated as an overpayment and repayment will be required.

Employees must notify Human Resources immediately, if during their maternity pay period they commence work for another employer. Entitlement to SMP will end in the week before this date.

8.5 How to apply for Maternity Leave

The following section explains the process and employee needs to follow to access to claim maternity leave and pay.

In order to ensure that you receive your maternity pay/leave entitlements and that your maternity leave is organised appropriately within your department.

8.6 Notifying your Manager

You need to notify your manager as soon as possible that you are pregnant and inform them that you will be applying for maternity leave/pay. You will need to complete an Occupational Health Pregnancy Risk Assessment and forward this to your line manager to ensure your continued health and safety during your pregnancy. For a risk assessment form for pregnant employees please see Appendix 8. If a potential risk is identified, your manager must refer you to the Occupational Health Department for advice.

Your manager may need to organise cover for you while you are on maternity leave (or a replacement if you are not returning), and communicate any changes to the users of your service. It is therefore strongly advised that you give your manager as much notice as possible to enable them to make these preparations. It is also advisable to discuss arrangements for your return from maternity leave with your manager as soon as possible.

You <u>must</u> tell your manager in writing using the Trust Maternity Leave form before the end of the 15th week before your EWC:

- that you are pregnant and intend to take maternity leave
- the date the baby is due using your MatB1 form
- the date you plan to start your leave
- Whether you plan to return to work or not return to work at the end of your maternity leave. A copy of the Trust's Maternity Leave Notification Form is available in Appendix 4

If you do not give your manager the required notification as stated above you may not be able to start your maternity leave on your chosen date and/or it may affect your maternity pay.

You can change the date you start your maternity leave providing you tell your manager at least 28 days in advance.

You must maintain the professional registration that is required for your role. If you intend to let your registration lapse due to not returning to work, or other relevant circumstances, you must discuss this with your manager in the first instance.

8.7 Timing of leave

The earliest date you may commence maternity leave is at the beginning of the 11th week (week 29) before the EWC. The latest you may commence maternity leave is the date the baby is due, as stated on the MAT B1 form. If the baby is born before the start of the expected maternity leave date, the date will change to the date the baby was born.

Where childbirth occurs prior to the fourth week before the EWC, the following conditions will apply:

• If your baby is premature and is born before the 11th week (week 29) before the expected week of childbirth and the baby is in hospital, you may choose to split your maternity leave entitlement, taking a minimum period of two consecutive weeks' compulsory leave immediately after childbirth and the rest of your leave following your baby's discharge from hospital. If you do choose to split your maternity leave in this way, you can, return to work or take any accrued annual leave during the period that your baby is in hospital. Advice should be sought from the HR & OD directorate in these circumstances.

8.8 Employees on Fixed-Term or Rotational Training Contracts

If you are on a fixed-term contract or a rotational training contract which expire after the 11th week (week 29) before the expected week of childbirth then your contract will be extended to enable you to receive 52 weeks maternity leave.

If the rotation is planned and part of an agreed programme of training, you will have the right to return to work in the same post or in the next planned post with the same or another employing authority/Trust, irrespective of whether the contract would have ended if pregnancy and childbirth had not occurred. In such circumstances, the contract will be extended to enable you to complete the agreed programme of training.

If there is no right of return to be exercised, because the contract would have ended if pregnancy and childbirth had not occurred, then the requirement to repay OMP, as per 5.6, may not apply unless the Trust can demonstrate that the declaration of intent to return to work was not signed in good faith.

8.9 Still birth and miscarriage

If a still birth occurs after the 24th week of pregnancy, you will still be entitled to take the same amount of maternity leave and pay that you were planning to take.

Where there is a miscarriage before the 25th week of pregnancy, normal sick leave provisions will apply as necessary.

In the event of a still birth or miscarriage we would encourage employees to make use of the Trust's employee assistance service Care First, contact details of which are available on the Trust intranet or via the HR & OD Directorate.

8.10 Keeping in Touch Days (KIT Days)

Before you go on maternity leave you should agree with your manager how you will keep in touch during your leave. Keeping in touch will help you stay up-to-date with changes at work, making it easier for you to adjust when you return.

An additional way for keeping in contact is Keeping in Touch (KIT) days. You are entitled to a maximum of 10 paid days (pro-rata for part time employees) without it affecting your pay entitlements. Work undertaken on a KIT day should be mutually agreed between you and your manager, but may not be limited to your normal duties; they can be used for training to update your skills, attend meetings and other events.

You may not work KIT days during the 2 weeks immediately after the birth of your child. This is a period of compulsory maternity leave during which employees are prohibited from working.

Working for part of any day will count as using 1 whole KIT day (for example, even if you come to work for one hour, this will count as 1 KIT day). You will be paid at your basic daily rate, for the hours worked less appropriate maternity leave payment for KIT days worked. If you worked part-time prior to taking maternity leave, your hourly rate of pay for a KIT day will be based on your part-time salary.

KIT days must be agreed mutually between you and your line manager. KIT days are optional.

Some important points for managers and employees to consider when arranging KIT days are:

- To agree on a structure, purpose and outcome for the days
- To book your KIT days at times that will be most useful to you and your department

If you do not use all 10 KIT days during your maternity leave period, the remainder cannot be taken once your maternity leave period ends.

Please note the following rules regarding payment for KIT days:

 If you qualify for Occupational Maternity Pay (OMP) and you choose to work a KIT day during this period, you will be only be paid for the hours worked and you will not receive your OMP for that day. For example, if you come to work for 2 hours, you will only be paid for 2 hours for that day. Therefore, it would be more beneficial to take KIT days outside the OMP period.

If KIT days occur during the period when you are receiving Statutory Maternity Pay (SMP), please note:

- Your SMP will not be affected; this will be paid to you as a minimum. The Trust will then 'top up' the SMP for hours worked during a KIT day
- Payment for KIT days are made as they are worked. Payment will need to be processed in line with monthly Payroll deadlines by your line manager.

Details of KIT days worked should be recorded on the KIT Day Record Form. **This can be viewed in** Appendix 7.

8.11 Bank Work during Maternity Leave

- If you do Bank or agency work during your paid or unpaid maternity leave, it will be deemed
 that you have returned to work and that your period of maternity leave should end.
 Therefore GOSH recommends that you do not work bank or agency for other organisations
 whilst on Maternity Leave.
 - . However, some flexibility is afforded by the use of the paid KIT days up to a maximum of 10 days.

8.12 Annual Leave

- Annual leave will continue to accrue for the entire period of your maternity leave.
- Any annual leave taken is at the discretion of, and must be authorised by, your manager.
 You cannot take annual leave during your maternity leave or during any period of paid and unpaid maternity leave.
- Where the amount of accrued annual leave would exceed normal carry over provisions, it may be mutually beneficial to both the employee and employer, for the employee to take annual leave before and/or after the formal (paid and unpaid) maternity leave period. The amount of annual leave to be taken in this way, or carried over, should be discussed and agreed between the employee and employer.
- If a change in the number of hours you work has been agreed on your return from maternity leave, all annual leave accrued during maternity leave should be taken before any such change can be implemented.

8.13 Ante-natal care

- A pregnant employee has the right to paid leave for ante-natal care as set out in The Work and Families Act 2006. All pregnant employees are entitled to time off to keep appointments for ante-natal care made on the advice of a registered medical practitioner, registered midwife or registered health visitor.
- Paid time off for ante-natal appointments will not be granted unless you have informed your manager that you are pregnant.
- Ante-natal care is not restricted to medical examinations, for example it could include; relaxation, parent craft and ante-natal classes. You must be prepared to show her line manager on request a certificate/or letter on headed paper, from a registered medical practitioner, registered midwife or registered health visitor confirming that she is pregnant; and an appointment card or some other document showing that an appointment has been made.
- Appointments should be made around the needs of the service and where reasonably practical, appointments should be arranged on a non-work day.

8.14 Sickness absence during pregnancy

- If you are sick with a non-pregnancy-related illness during your pregnancy but before the
 date that you have agreed to commence your maternity leave, then normal sick pay
 arrangements will apply.
- If you are sick with a pregnancy-related illness before the date that you have agreed to commence your maternity leave *and* prior to the 4th week before your EWC then normal sick pay arrangements will apply.
- You need to advise your manager as soon as possible in the event of pregnancy related illness.

- If you are working in the last four weeks of the pregnancy and the illness is attributable
 to pregnancy then maternity leave shall commence the day after the first day of
 absence.
- There is no need to report any sickness during the period of your maternity leave.

8.15 Source of support

The employee assistance service Care First is available to give advice to employees throughout their pregnancy, maternity/adoption leave period and on their return to work. Contact details for Care First are available on the Trust intranet and via the HR & OD Directorate

9 Adoption Leave

9.1 Adoption Leave Entitlements

The pay and leave provisions of the maternity section above (with the exception that OMP and SMP are replaced by Occupational Adoption Pay and Statutory Adoption Pay) apply to the adoption of a newly matched child and to the person who has primary care responsibilities for that child. The other parent may be entitled to maternity support (paternity) leave provisions (see section 10). It applies to opposite, same sex partners or those adopting as single parents.

If you are adopting a newly placed foster child you must be matched for adoption by a recognised agency to be eligible for Adoption Leave or Pay. If the foster child is not newly placed and has been under your care for some time, you will not be entitled to receive Adoption Pay or Leave (unless through the Foster to Adopt scheme see 6.2.)

The main adopter is entitled to paid time off for up to 5 days to attend adoption appointments. The secondary adopter is entitled to up to 2 unpaid days off.

You will not be entitled to receive Adoption pay or leave for; adopting a family member or a stepchild, having your adoption arranged privately or become a special guardian or kinship carer.

The earliest date on which adoption leave can begin is 14 days before the expected date of placement. The latest date on which leave can commence is the date the child is placed for adoption.

If for any reason the adoption is disrupted or ceases, Adoption Leave and Pay (if eligible) will normally continue for eight weeks (or until the end of the adopters 26 week Statutory Adoption Pay period, whichever is sooner) following the end of the adoption. The employee should contact their manager and agree arrangements for return to work at the earliest opportunity.

9.2 Foster to Adopt (Dual Approved Prospective Adopters)

The pay and leave provisions of the maternity section above (with the exception that OMP and SMP are replaced by Occupational Adoption Pay and Statutory Adoption Pay) apply to the adoption of a newly placed child and to the person who has primary care responsibilities for that child. The other parent may be entitled to maternity support (paternity) leave provisions (see section 7).

In the case of foster to adopt the employee can start their adoption leave at the earliest up to 14 days before the child is placed with them for fostering,

If for any reason the adoption is disrupted or ceases, Adoption Leave and Pay (if eligible) will normally continue for eight weeks (or until the end of the adopters 26 week Statutory Adoption Pay period, whichever is sooner) following the end of the adoption. The employee should contact their manager and agree arrangements for return to work at the earliest opportunity.

9.3 Overseas Adoptions

Where a child is being adopted from overseas, the statutory adoption scheme differs from UK adoptions.

Leave and pay for an overseas adoption cannot begin until the child has entered the United Kingdom and in any case no later than 28 days thereafter.

Employees must inform the Trust of the date the child enters the UK. If the adopter is also claiming SAP (statutory adoption pay), they will need to give evidence of the date of entry. Employees must inform the Trust as soon as is reasonably practicable if they find out that the child will not be entering the UK.

9.4 Notification Requirements

Adoptive parent(s) must notify their manager of their intention to take adoption leave within 7 days of being matched/placed with a child. They must give details of the expected placement date and start date of leave, by completing the Notification form in Appendix 6 Notification of return to work after adoption leave is as per maternity leave process (see section 5.5 and 5.6). The Trust will require evidence of a matching certificate/letter or confirmation from the adoption agency of the date the child will be place for adoption in the case of foster to adopt.

10 Maternity Support (Paternity) Leave

10.1 Applying for Maternity Support (Paternity) Leave

The employee has an obligation to inform their manager of the intention to take the leave by the end of the 15th week (week 25) before the baby is expected. You must provide the following details:

- The start date of the leave to be taken
- The week the baby is expected (EWC)
- The duration of leave to be taken

10.2 Occupational Maternity Support (Paternity) Leave

Ordinary Paternity leave or Maternity Support Leave applies to biological and adoptive fathers, nominated carers and same-sex partners. All employees have a right to take up to two calendar weeks Occupational Maternity Support (Paternity) Leave on the birth of a child, or placement of a child for adoption.

The maximum duration of the leave is two calendar weeks. There is no entitlement to extra leave for multiple births or simultaneous placement of more than one child. Maternity Support (Paternity) leave:

- Can start from the date of the baby's birth or any day of the week following the birth, not before
- Must be completed within 56 days of the date of the birth of the baby. If the baby is born earlier than expected, then the leave must be completed within 56 days after the actual date of birth
- must be taken in a block of either one or two weeks and not occasional days

10.3 Occupational Maternity Support (Paternity) Pay

If you have 12 months continuous service with the NHS at the beginning of the week in which the baby is due, you will be entitled to Occupational Maternity Support (paternity) Pay which is 2 weeks at full pay.

You will only be eligible for this pay if they:-

- Discuss and agree the time off required with their manager
- Complete the Paternity Leave Notification Form found on the intranet
- Attach a copy of the mother's MAT B1 or Adoption Matching Certificate to the notification form before submitting it to the HR department.

If you are not eligible for the two weeks of Occupational Maternity Support (Paternity) Pay may still be entitled to Ordinary Paternity Pay (also known as Statutory Paternity Pay) subject to meeting the necessary qualifying conditions. You must:-

- have worked for the Trust continuously for at least 26 weeks by the end of the 15th week (week 25) before the expected week of childbirth (known as the 'qualifying week')
- be employed by the Trust up to the date of birth
- have earnings that meet the lower earnings limit
- provide the Paternity Leave Notification Form with a copy of the baby's mother's MATB1 form or Adoption Matching certificate at least 28 days before an employee wants paternity pay to start.

The rate of ordinary paternity pay is the same as SMP and changes on an annual basis. Please see the www.gov.uk website for further information.

10.4 Antenatal Appointments

An employee who is a prospective father, or spouse, civil partner or partner of a pregnant woman, can take **unpaid** time off to attend up to two ante-natal appointments.

If you wish to take time off for an ante-natal appointment you should make a written request to your manager (e-mail is sufficient) that states you are:-

- The expectant mother's spouse, civil partner or partner, or the child's father.
- That the purpose of the time off is to accompany the expectant mother to an antenatal appointment.
- That the appointment in question is made on the advice of a registered medical practitioner, registered midwife or registered nurse.
- Stating the date and time of the appointment.

11 Shared Parental Leave

11.1 Introduction

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption.

All eligible employees have a statutory right to take Shared Parental Leave (SPL). There may also be an entitlement to some Statutory Shared Parental Pay (ShPP). Be aware that ShPP is capped, and you may be paid more if you are entitled to Occupational Maternity Pay whilst you are on maternity leave. You may want to take this into consideration before ending your maternity leave early and/or curtailing your Statutory Maternity Pay.

The statutory rights and responsibilities are set out in this section of the policy.

An employee considering/taking SPL is encouraged to discuss this with their line manager as early as possible.

11.2 Eligibility for Shared Parental Leave

Shared Parental Leave (SPL) can only be taken by:

• The mother/adopter and

One of the following

- The father of the child (in the case of a birth) or
- The spouse, civil partner or partner of the child's mother/adopter

Both parents must share the main responsibility for the care of the child at the time of the birth/placement for adoption.

An employee seeking to take SPL must satisfy each of the following criteria:

- The mother/adopter of the child must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have ended or given notice to reduce any maternity/adoption entitlements.
- The employee must still be working for the Trust at the start of each period of SPL.
- The employee must pass the "Continuity test" requiring them to have a minimum of 26 weeks service at the end of the 15th week (week 25) before the child's expected due date/matching date. The employees partner must also meet the "employment and earnings test" requiring them in the 66 weeks leading up to the expected due date/matching date have worked for at least 26 weeks and earned an average of at least £30 (this may be subject to change annually) a week in any 13 of those weeks. You can find more information on this at https://www.gov.uk/shared-parental-leave-and-pay
- The employee must correctly notify the Trust of their entitlement and provide evidence as required.

Eligible employees may be entitled to take up to 50 weeks SPL during the child's first year. The number of weeks available is calculated using the mother's/adopter's entitlement to maternity/adoption leave, which allows them to take up to 52 weeks' leave. If they reduce their maternity/adoption leave entitlement then they and/or their partner may opt-in to the SPL system and take any remaining weeks as SPL.

A mother/adopter may reduce their entitlement to maternity/adoption leave by returning to work before the full entitlement of 52 weeks has been taken, or they may give notice to curtail their leave at a specified future date.

Where a mother/adopter gives notice to curtail their maternity/adoption entitlement, the mother's/adopter's partner can take leave while the mother/adopter is still using their maternity/adoption entitlements.

SPL will generally commence on the employee's chosen start date specified in their leave request form or in any subsequent variation notice (see "Booking Shared Parental Leave" and "Variations to arranged Shared Parental Leave" below). If the employee is eligible to receive Shared Parental Pay (ShPP,) it may be paid for some, or all, of the SPL period (see "Shared Parental Pay" below).

SPL must end no later than one year after the birth/placement of the child. Any SPL not taken by the first birthday or first anniversary of placement for adoption is lost.

11.3 Notifying the Trust of an Entitlement to Shared Parental Leave

An employee entitled and intending to take SPL must give their line manager notification of their intention to take to SPL, at least eight weeks before they can take any period of SPL.

Where there is concern over accommodating the notification, the organisation or the employee may seek to arrange a meeting to discuss the notification with a view to agreeing an arrangement that meets both the needs of the employee and the Trust (see "Discussions regarding Shared Parental Leave" above).

Part of the eligibility criteria requires the employee to provide the Trust with correct notification. Notification must be in writing (please use application form in <u>Appendix 11</u>) and requires each of the following:

- The name of the employee;
- The name of the other parent;
- The start and end dates of any maternity/adoption leave or pay, or maternity allowance, taken in respect of the child and the total amount of SPL available;
- The date on which the child is expected to be born and the actual date of birth or, in the case of an adopted child, the date on which the employee was notified of having been matched with the child and the date of placement for adoption;
- The amount of SPL the employee and/or their partner each intend to take;
- A signed declaration from the employee confirming that the information they have given is correct, that they meet, or will meet, the criteria for ShPP and that they will immediately inform the organisation should they cease to be eligible.
- It must be accompanied by a signed declaration from the employee's partner confirming:
- Their agreement to the employee claiming ShPP and for the Trust to process any ShPP payments to the employee;
- In the case whether the partner is the mother/ adopter that they have reduced their maternity/adoption pay or maternity allowance:
- In the case whether the partner is the mother/ adopter that they will immediately inform their partner should they cease to satisfy the eligibility conditions.

11.4 Requesting Further Evidence of Eligibility

The Human Resources department may, within 14 days of the SPL application being agreed by your manager, request:

- The name and business address of the partner's employer (where the employee's partner is no longer employed or is self-employed their contact details must be given instead)
- In the case of biological parents, a copy of the child's birth certificate (or, where one has not been issued, a declaration as to the time and place of the birth).
- In the case of an adopted child, documentary evidence of the name and address of the adoption agency, the date on which they were was notified of having been matched with the child and the date on which the agency expects to place the child for adoption

11.5 Booking Shared Parental Leave

The employee has the right to submit three notifications specifying leave periods they are intending to take. Each notification may contain either (a) a single period of weeks of leave; or (b) two or more weeks of discontinuous leave, where the employee intends to return to work between periods of leave.

SPL can only be taken in complete weeks but may begin on any day of the week. (For example if a week of SPL began on a Tuesday it would finish on a Monday. Where an employee returns to work between periods of SPL, the next period of SPL can start on any day of the week).

11.6 Continuous Leave Notifications

A notification can be for a period of **continuous leave**, which means a notification of a number of weeks taken in a single unbroken period of leave (for example, six weeks in a row).

An employee has the right to take a continuous block of leave, so long as it does not exceed the total number of weeks of SPL available to them and the employer has been given at least eight weeks notice.

An employee may submit up to three separate notifications for continuous periods of leave.

11.7 Discontinuous Leave Notifications

A single notification may also contain a request for two or more periods of **discontinuous leave**, which means asking for a set number of weeks of leave over a period of time, with breaks between the leave where the employee returns to work (for example, an arrangement where an employee will take six weeks of SPL and work every other week for a period of three months).

The organisation will consider a discontinuous leave notification but has the right to refuse it. If the leave pattern is refused, the employee can either withdraw it within 15 days of giving it, or can take the leave in a single continuous block.

11.8 Responding to a Shared parental Leave Notification

All requests for discontinuous leave will be carefully considered, weighing up the potential benefits to the employee and to the Trust against any adverse impact to the service needs. Each request for discontinuous leave will be considered on a case-by-case basis.

The employee will be informed in writing of the decision as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made.

If a discontinuous leave pattern is refused then the employee may withdraw the request without detriment on or before the 15th day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to choose when they want the leave period to begin. The leave cannot start sooner than eight weeks from the date the original notification was submitted.

The line manager and individual requesting SPL, should meet to agree a SPL start date. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

11.9 Variations to Arranged Shared Parental Leave

The employee is permitted to vary or cancel an agreed and booked period of SPL, provided that they advise the Trust in writing at least eight weeks before the date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

Any variation or cancellation notification made by the employee, including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. However, a change as a result of a child being born early, or as a result of the Trust requesting it be changed, and the employee being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing by the organisation.

11.10 Statutory Shared Parental Pay (ShPP)

Eligible employees may be entitled to up to 37 weeks ShPP while taking SPL. The amount of weeks available will depend on the amount by which the mother/adopter reduces their maternity/adoption pay period or maternity allowance period.

ShPP may be payable during some or all of SPL, depending on the length and timing of the leave. In addition to meeting the eligibility requirements for SPL, an employee seeking to claim ShPP must further satisfy each of the following criteria:

- The mother/adopter must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have reduced their maternity/adoption pay period or maternity allowance period;
- The employee must intend to care for the child during the weeks in which ShPP is payable;

- The employee must have an average weekly earnings for the period of eight weeks leading up to and including the 15th week (week 25) before the child's expected due date/matching date are not less than the lower earnings limit in force for national insurance contributions;
- The employee must remain in continuous employment until the first week of ShPP has begun.

11.11 Pension payments during Shared Parental Leave

Section 8.2 applies.

11.12 Annual Leave

Section 8.12 applies.

11.13 Shared Parental Leave in Touch (SPLIT) Days

During SPL an employee and employer will be able to agree up to 20 Shared Parental Leave in Touch (SPLIT) days. SPLIT days will need to be arranged and agreed with management in the same process as KIT days (Section 8.1 applies).

11.14 Returning to Work after Shared parental Leave

Your manager will be expecting you to return to work on the date stated on your Notification form in <u>Appendix 11</u>. Please confirm that these dates have not changed by contacting your line manager at least 8 weeks before you are due to return.

11.15 Bank Work during Shared Parental Leave

Section 8.11 applies.

11.16 Fraudulent Claims

The Trust can, where there is a suspicion that fraudulent information may have been provided or where the Trust has been informed by the HMRC that a fraudulent claim was made, investigate the matter further in accordance with the Trust's Countering Fraud, Bribery and Corruption Policy.

In such cases a referral may be made to the Trust's Local Counter Fraud Specialist. Fraud constitutes gross misconduct and may lead to disciplinary action.

12 Training requirements

- 12.1 The HR & OD Directorate provide comprehensive training opportunities on all of the HR-related policies. This is primarily delivered through standalone training sessions (either centrally coordinated, or locally delivered), and is also built into leadership development programmes.
- 12.2 Coaching and support for managers will be offered from the HR team utilising this policy to support employees within the workplace.

13 Communication and Consultation

13.1 The updated policy will be available on the GOSH web and bitesize training will continue to be available via the HR & OD Directorate for managers

14 Monitoring arrangements

The policy will be reviewed regularly by the HR&OD Directorate, specifically focussing on statutory changes and amended accordingly as statutory entitlements change.

The policy will be monitored as follows

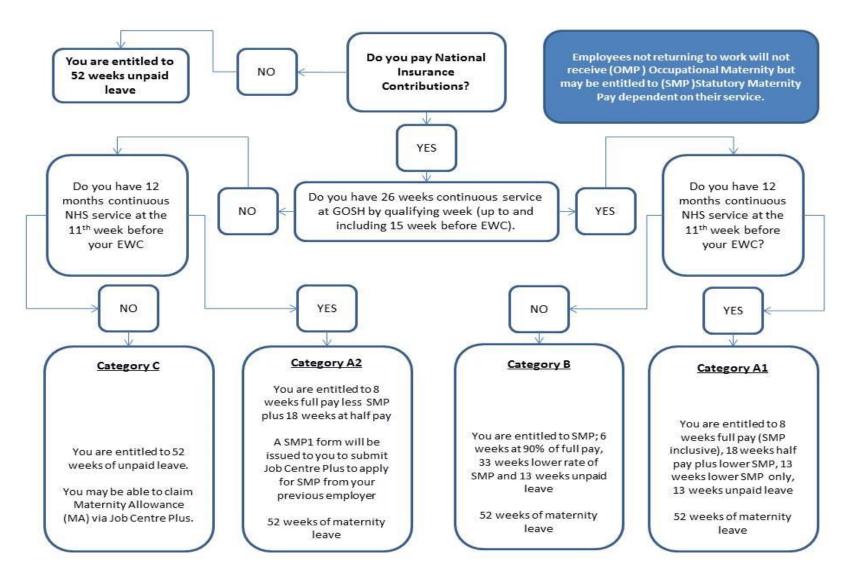
| Element to be monitored | Lead | Tools | Frequency | Reporting arrangements | Response required on any issues/recommendations |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|-----------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To measure fair implementation and operation of the policy le via number of complaints and ER cases related to unfair operation of the policy | With Head of ER | Report | Annually | Senior HR & OD Leadership Team Where relevant Staff Partnership forum | Actions will be identified when required and remedial work completed within a nominated timeframe, with on-going monitoring maintained |
| Number of employees on leave under this policy and numbers that return to work following maternity and adoption leave | Head of ER | Report | Annually | Senior HR & OD Leadership Team Where relevant Staff Partnership forum | Link in with exit strategy and any actions or changes in implementation will be identified and shared within a specific timeframe, with a lead person for implementation identified |

15 Appendix 1 – Equality Analysis Form

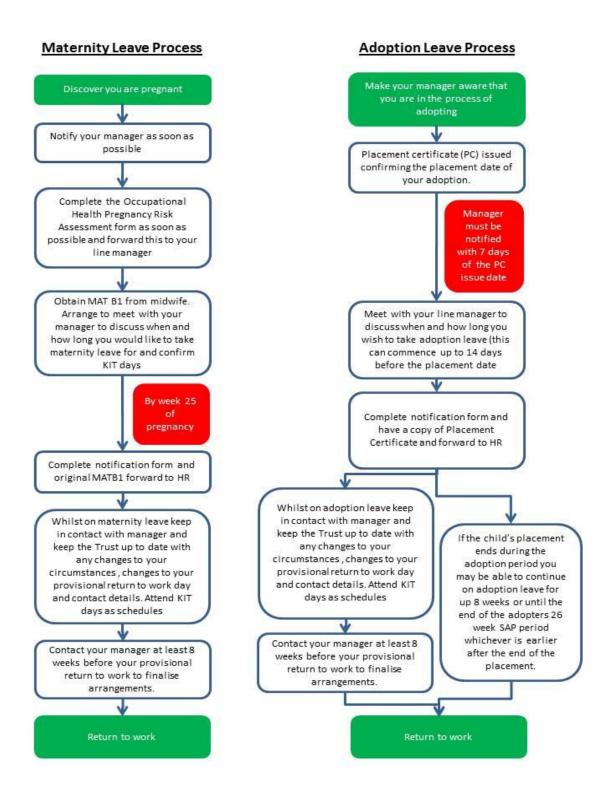
| Title of Document: | Maternity, Adoption, Maternity Support (Paternity) Leave Policy and Procedure |
|----------------------------------|-------------------------------------------------------------------------------|
| Completed By: | Caroline Brown |
| Date Completed: | July 2018 |
| Summary of Stakeholder Feedback: | |

| Potential Equality Impacts and Issues Identified | | | |
|--------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|--|
| Protected Group | Potential Issues Identified | Actions to Mitigate / Opportunities to Promote | |
| Age | Group will not be adversely affected by this policy | | |
| Disability (Including Learning Disability) | Access to policy | Policy can be made available in different formats | |
| Gender Re-Assignment | Group will not be adversely affected by this policy | | |
| Marriage or Civil Partnership | Group will not be adversely affected by this policy | Provisions have been included for this group | |
| Pregnancy and Maternity | Group will not be adversely affected by this policy | | |
| Race | Group will not be adversely affected by this policy | | |
| Religion or Belief | Group will not be adversely affected by this policy | | |
| Sex | Group will not be adversely affected by this policy | | |
| Sexual Orientation | Access to leave and appropriate pay for same sex couples | Covered in Maternity Support Section | |

16 Appendix 2 - Maternity Eligibility and Entitlement Flowchart



17 Appendix 3 - Maternity and Adoption Leave Process Flowchart



18 Appendix 4: Notification of maternity leave form





| Personal Details | Title: Payroll No: | | | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | Surname: Forename(s): | | | | |
| | Job Title: Department: | | | | |
| | Manager: | | | | |
| | GOSH Start Date: NHS Start Date: | | | | |
| | Home address: | | | | |
| | Post Code: Telephone No: | | | | |
| | Email Address: | | | | |
| | Please inform your Line Manager if your home address or contact details change during your Maternity Leave. | | | | |
| Maternity Leave Details | Expected Due Date (EWD): | | | | |
| | Maternity Leave Start Date: | | | | |
| | Provisional Date of Return: | | | | |
| | | | | | |
| Return to Work | I confirm that it is my intention to return to work after maternity leave. | | | | |
| | I intend to return to work on the date stated for at least three months. | | | | |
| | I understand that I will receive the pay in Category . | | | | |
| | I understand that if I do not return to work after maternity leave, I will be required to refund my Occupational Maternity Pay (OMP). | | | | |
| | I understand that if I fail to return to work for a minimum period of 3 months, I will only retain | | | | |
| | the pay detailed in Category and the rest will be recovered by the Trust. | | | | |
| | I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my maternity leave period. | | | | |
| | I understand that if I do not return to work to GOSH or another NHS employee within 15 | | | | |
| | months of commencing my Maternity leave, I will be required to refund my Occupational Maternity Pay. | | | | |
| | I understand that it is my responsibility to ensure that I inform my manager of any changes during maternity leave to my personal information. | | | | |
| | I will discuss the option of a maximum of 10 (pro-rata) "Keeping in Touch Days" with my Line Manager. | | | | |
| | Signed: Date: | | | | |
| | | | | | |

MATERNITY, ADOPTION, MATERNITY SUPPORT (PATERNITY) LEAVE POLICY PAGE TWENTY-THREE

| No Return to Work | I confirm that I do not intend to return to work after my maternity leave. | | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | I confirm that I will provide my contractual period of notice following maternity leave. | | | | |
| | I understand that I will not be entitled to OMP. | | | | |
| | I confirm that I will be entitled to SMP in the following category . | | | | |
| | Signed: Date: | | | | |
| | | | | | |
| | If you require any information regarding your pension contributions during your Maternity Leave, please | | | | |
| | contact the Trust Pensions Office directly on extension 0635. | | | | |
| Declaration | I agree to the following: | | | | |
| | a) I will respond within the required timescales to all Trust correspondence regarding my maternity leave | | | | |
| | or I may, subject to my contract of employment, forfeit my right to return to work until relevant notice has | | | | |
| | been given. | | | | |
| | b) I enclose/have already provided my original MATB1 certificate. | | | | |
| | c) I confirm that all details provided in this form to receive Maternity Leave are correct. | | | | |
| | d) I also understand that whilst on my paid or unpaid Maternity Leave, a part from working up to a | | | | |
| | maximum of 10 'Keeping in Touch Days' within my substantive post, I must not undertake paid or unpaid | | | | |
| | work on the Trust Bank or any employment outside the Trust. Any breach of this clause could be classed as gross misconduct and may lead to disciplinary action and referral to the Trust's Local Counter Fraud | | | | |
| | Specialist. | | | | |
| | Signed: | | | | |
| | Date: | | | | |
| | | | | | |
| | | | | | |
| | To qualify for ML you must complete and return this form to the HR Co-ordinator and give a copy to your or Line Manager no later than 15 weeks prior to your expected week of childbirth | | | | |
| | (EWC) – Week 25. | | | | |
| | All details of your ML and, if applicable, pay will be confirmed in writing by the HR Co-ordinator. | | | | |
| | Please contact your line manager as soon as possible, should your anticipated dates change. | | | | |
| | | | | | |

MATERNITY, ADOPTION, MATERNITY SUPPORT (PATERNITY) LEAVE POLICY PAGE TWENTY-SEVEN

19 Appendix 5 – Adoption Pay Entitlements Chart

| Continuous NHS service | Leave (Max) | Pay | TEMPORARY/FIXED TERM CONTRACTS |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Up to 26 weeks by advised date of adoption | 52 weeks | No SAP or NHS Adoption pay (OAP). May be entitled to other benefits | If contract expires between Advised date of Adoption and 26 weeks after Adoption, contract should be extended to take 52 weeks adoption leave. Not entitled to SAP or OAP |
| Between 26 weeks and 1 year at advised date of adoption | 52 weeks (39 weeks ordinary adoption leave and 13 weeks additional adoption leave) | Statutory Adoption Pay (SAP) basic rate | As above except this group are entitled to payment due to their service. |
| More than 1 years' service at advised date of adoption and intending to return to work | 52 weeks (39 weeks ordinary adoption leave and 13 weeks additional adoption leave) | Occupational Adoption Pay 8 weeks Full Pay 18 Half Pay, plus basic SAP 13 weeks SAP only 13 weeks unpaid | If contract due to expire after advised date of adoption, their contract should be extended to enable them to receive 26 weeks occupational adoption pay and leave and 26 weeks unpaid leave |
| More than 1 year at advised date of adoption and NOT intending to return | 39 weeks | SAP – 39 weeks at basic rate | If contract due to expire after the advised date of adoption, their contract should be extended to enable them to receive 26 weeks statutory adoption pay and leave. |

20 Appendix 6: Notification of adoption leave form





| Sumame: Forename(p): | Personal Details | Title: Payroll No: | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Manager: GOSH Start Date: NHS Start Date: (ijf known) Home address: Post Code: Telephone No: Email Address: Please inform your Line Manager if your home address or contact details change during your Adoption Leave. Adoption Leave Details Date Matched with Child: Expected Date of Placement: Adoption Le ave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main adopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 week is before the end of my adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if I is my res ponsibility to ensure that I inform my manager of any changes | | Surmame: Forename(s): | | | | |
| GOSH Start Date: NHS Start Date: (fy snown) | | Job Title: Department: | | | | |
| Home address: Post Code: Telephone No: Email Address: Please inform your Line Manager if your name address or contact details change during your Adoption Leave. Adoption Leave Details Date Matched with Child: Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main a dopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my a doption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my res poreibility to ensure that I inform my manager of any changes | | Manager. | | | | |
| Post Code: Email Address: Please inform your Line Manager if your home address or contact details change during your Adoption Leave. Adoption Leave Details Date Matched with Child: Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main adopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my res poreibility to ensure that I inform my manager of any changes | | GOSH Start Date: NHS Start Date: (if known) | | | | |
| Email Address: Please inform your Line Manager if your home address or contact details change during your Adoption Leave. Adoption Leave Details Date Matched with Child: Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I a mithe primary carer/main a dopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my res ponsibility to ensure that I inform my manager of any changes | | Home address: | | | | |
| Adoption Leave Details Date Matched with Child: Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main a dopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | Post Code: Telephone No: | | | | |
| Adoption Leave Details Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main adopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if i smy responsibility to ensure that I inform my manager of any changes | | | | | | |
| Expected Date of Placement: Adoption Leave Start Date: Provisional Date of Return: I confirm that I am the primary carer/main adopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that if is my responsibility to ensure that I inform my manager of any changes | | Please inform your Line Manager if your home address or contact details change during your Adoption Leave. | | | | |
| Intention to Return I confirm that I am the primary carer/main a dopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my res possibility to ensure that I inform my manager of any changes | Adoption Leave Details | Date Matched with Child: | | | | |
| Intention to Return I confirm that I am the primary carer/main a dopter for the child I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commendingmy Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my res possibility to ensure that I inform my manager of any changes | | Expected Date of Placement: | | | | |
| Intention to Return I confirm that I a mithe primary carer/main a dopter for the child I confirm that I it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | Adoption Leave Start Date: | | | | |
| I confirm that it is my intention to return to work after adoption leave. I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | Provisional Date of Return: | | | | |
| I intend to return to work on the date stated for at least three months. I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | Intention to Return | I confirm that I am the primary carer/main adopter for the child | | | | |
| I understand that if I fail to return to work for a minimum period of 3 months or if I do not return to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | I confirm that it is my intention to return to work after adoption leave. | | | | |
| to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | l intend to return to work on the date stated for at least three months. | | | | |
| I understand that I will be required to confirm my intention to return to work a minimum of 8 weeks before the end of my adoption I eave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commencing my Adoption I eave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | I understand that if I fail to return to work for a minimum period of 3 months or if I do not return | | | | |
| weeks before the end of my adoption leave period. I understand that if I do not return to work to GOSH or another NHS employee within 15 months of commending my Adoption leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | to work after adoption leave, I will be required to refund my Occupational Adoption Pay (OAP). | | | | |
| of commending my Adoption Leave, I will be required to refund my Occupational Adoption Pay. I understand that it is my responsibility to ensure that I inform my manager of any changes | | | | | | |
| I understand that it is my responsibility to ensure that I inform my manager of any changes | | I understand that if I do not return to work to GOSH or another NHS employee within 15 months | | | | |
| | | of commending my Adoption Leave, I will be required to refund my Occupational Adoption Pay. | | | | |
| | | | | | | |
| I will discuss the option of a maximum of 10 (pro-rata) "Keeping in Touch Days" with my Line | | | | | | |
| Manager. | | | | | | |
| Signed: Date: | | Signed: Date: | | | | |

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| I confirm that I do not intend to return to work after my adoption leave. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| I confirm that I will provide my contractual period of notice following adoption leave. | | | |
| I understand that I will not be entitled to OAP. | | | |
| i undersand tract will not be entitled to our. | | | |
| | | | |
| Signed: Date: | | | |
| | | | |
| If you require any information regarding your pension contributions during your Adoption Leave, | | | |
| please contact the Trust Pensions Office directly on extension 0635. | | | |
| I agree to the following: | | | |
| a) I will respond within the required timescales to all Trust correspondence regarding my adoption | | | |
| leave or I may, subject to my contract of employment, forfeit my right to return to work until relevant notice has been given. | | | |
| h Manufaca (haun alcandu accided mu confirmation of alacament or difficult | | | |
| b) I enclose/have already provided my confirmation of placement certificate. | | | |
| c) I confirm that all details provided in this form to receive AL are correct. | | | |
| d) I also understand that whilst on my paid or unpaid Adoption Leave, apart from working a | | | |
| maximum of 10 'Keeping in Touch Days' within my substantive post, I must not undertake paid or unpaid work on the Trust Bank or have any employment outside the Trust. Any breach of this dause | | | |
| could be classed as gross misconduct and may lead to disciplinary action and referral to the Trust's | | | |
| Local Counter Fraud Specialist. | | | |
| e) (If a pplicable) my partner has not applied for a doption leave (but may apply for paternal or shared parental leave). | | | |
| | | | |
| Signed: | | | |
| Date: | | | |
| To qualify for AL you must complete and return this form to the HR Co-ordinator and give | | | |
| a copy to your or Line Managerno later than 7 days after being matched with child. All details of your AL and, if applicable, pay will be confirmed in writing by the HR Co- | | | |
| ordinator. | | | |
| Please contact your line manager as soon as possible, should your anticipated dates change. | | | |
| | | | |
| | | | |

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21 Appendix 7: Keeping in touch form



This form should be completed by the line manager of the member of staff on maternity or adoption leave as a record of KIT days worked.

| Personal Details | Title: | | Payroll No | umber: | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------|-----------------------|--------------------------------|
| | Surname: | | Forename | e(s): | |
| | Department: | | | | |
| | Please detail eac | h KIT day taken/ to be taken. | A KIT day is any day v | where work-relate | ed activity is undertaken |
| Keeping in Touch | | the staff member's normal doption/ shared parental lea | | | - |
| Days (KIT days) | for hours worked | , regardless of the hours wo | rked on the KIT day it | will still count as 1 | l KIT day. |
| | Date of KIT | day Reason for | KIT day | | onoger) ompleted? Signature |
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |
| | 7 | | | | |
| | 8 | | | | |
| | 9 | | | | |
| | 10 | | | | |
| | | | | | |
| | I confirm that: | | | | |
| | The above KIT days have been mutually agreed by the staff member and their line manager; The KIT days do not occur within the 2 weeks following childbirth; and | | | | |
| | The total number of KIT days taken by this member of staff does not exceed 10 episodes. | | | | |
| | | | | | |
| | Employee's Signa | iture: | | | |
| | Line Manager's N | lame: | | | |
| | Line Manager's S | ignature: | | | |
| | | | | | |

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NHS Trust

22 Appendix 8: Risk Assessment Form Pregnant and Breastfeeding workers

RISK ASSESSMENT FORM PREGNANT WORKERS

| NAME: | | EXT: | | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|-------------|--------|----|
| D.O.B: | | STAGE OF PREGNANCY: | | | | |
| JOB TITLE/DEPARTMENT: | | DUE DATE: | | | | |
| MANAGER: | | EXT: | | | | |
| DATE: | | DATES OF REASSESSMENT: | | | | |
| For the purposes of this risk a including still births after 24 w | | a woman who is pregnant, or has given birth | within t | he last six | months | , |
| | Please pass this to yo | our manager for completion | | | | |
| Does the worker wish to decla | are any medical condition which will predisp | • | YES | | NO | |
| vulnerability? e.g. miscarriage | | · | \ - - 0 | | | |
| Does the work present risk to | | | YES | | NO | |
| | sted below (white on black) are present in t | he pregnant worker's normal work activity. | | | | |
| PHYSICAL AGENTS | w fraguency vibration, and expensive mayo | mont? | | | YES | NO |
| | w frequency vibration, and excessive move ertake manual handling tasks in the course | | | | | |
| | nd carry large or heavy loads? | or their work: | | | | |
| | e heavy equipment? | | | | | |
| | in a hot environment? | | | | | |
| OTHER: | | | | | | |
| CHEMICALS | | | | | YES | NO |
| Does the worker use chemica | Is in the course of her work? | | | | | |
| if so, does this include any of | the following: carbon monoxide? | | | | | |
| | lead or lead derivative | s? | | | | |
| | mercury or mercury de | | | | | |
| | antimitotic (cytotoxic) | drugs? | | | | |
| | hormones? | | | | | |
| | bioactive peptides? | 740 | | | | |
| or, involve substances bearing | g any of the following risk phrases: | R46 (may cause heritable genetic damage) | | | | |
| | | R60 (may impair fertility) | | | | |
| | | R61 (may cause harm to the unborn child) R62 (possible risk of infertility) | | | | |
| | | R63 (possible risk of harm to the unborn chi | ld) | | | |
| | | R64 (may cause harm to breast-fed babies) | <u>iu)</u> | | | |
| involve chemical agents of kn | own and dangerous percutaneous absorption | | | | | |
| OTHER: | U I | , , , , , , , , , , , , , , , , , , , , | | | | |
| IONISING RADIATION | | | | | YES | NO |
| | to ionising radiation in the course of their w | ork? | | | | |
| Does the worker work with: | unsealed radionuclide sources? | | | | | |
| | sealed radionuclide sources? | | | | | |
| OTUED | X-ray equipment? | | | | | |
| OTHER: | | | | | | |
| RIOLOGICAL AGENTS | | | | | VEQ | NO |

| Could the worker be exposed to biological agents in the course of their work? | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-----------|
| do they work with: hazard groups 2, 3 or 4? | | | |
| toxoplasma? | | | |
| rubella? | | | |
| chlamydia? | | | |
| OTHER: | | | |
| OTHER | | YES | NO |
| Is the worker likely to spend long periods sitting or standing in the course of their work? | | | |
| Does the worker use personal protective equipment for their work? e.g. gloves, labcoats, overalls | | | |
| Will there be a need to provide alternative types or increased sizes of personal protective equipment at later stages in the pregnancy e.g. non allergenic gloves? | | | |
| Will there be a significant or different risk at a later stage in the pregnancy and consequently does the risk need to be reass | essed? | | |
| If so, when? DATES | C33CU: | | |
| Does the employee work with strong Magnetic fields? | | | |
| Does the employee work alone without close or direct supervision? | | | |
| Based on the severity of risk posed by the hazards you have identified above, please indicate below the measures you will imp the risks. The higher the risk the more stringent the control measure must be. Where the hazard cannot be removed by any of means, legislation requires that the worker be offered alternative work or paid leave. | the following | g | 7 |
| CONTROL MEASURES | YES | NO | |
| the standard work procedure adequately controls the risk to the pregnant worker | | | |
| the hazard will be replaced by a harmless substance or procedure | | | |
| the activity will be automated | | | |
| the worker will be temporarily removed from the task | | | |
| where personal protective equipment is worn, alternative types or increased sizes will be provided at later stages in the pregnancy. e.g. larger labcoat or overall, non allergenic gloves | | | |
| the activity will be done temporarily by another person | | | |
| OTHER CONTROL MEASURES - please specify any other control measures you have implemented: | | | |
| Where risks are identified that are not adequately controlled they must be brought to the attention of your department who should put temporary control measures in place or stop the work. | nental mana | gement | |
| Have you identified any risks that are not adequately controlled? | o 🗀 | | |
| YE | s | | |
| | | | |
| | | | |
| Managers, please complete this form within one week and forward it to the Occupational Health Department for assessment. Splease contact the Occupational Health Department. | should you re | quire furth | er advice |
| DECLARATION I the undersigned have assessed the activity and the associated risks posed by the work activities of | d above (de | lete as | |
| SIGNATURE OF MANAGER: DATE | | | |
| ACKNOWLEDGEMENT | | | |
| I the undersigned acknowledge receipt of this risk assessment and agree to abide by the method(s) of control listed above NAME OF WORKER: | e. | | |
| SIGNATURE OF WORKER: DATE: | | | |
| | | | |

23 Appendix 9 – Maternity Support (Paternity) Leave Entitlements Chart

| Category | Length of Service | Entitlement | Requirements | Notice required |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | 12 months continuous service with the NHS by the expected week of confinement | Trust Paternity Pay:- Up to 2 weeks continuous paternity leave at full pay | You will need to complete a self-certificate form and application form. You will need to provide a copy of the mother's MATB1 You should take your paternity leave by the 56th day after the birth/adoption of your child | You will need to inform your manager of your intention to take paternity leave by the 15 th week before the due date. You will need to give 28 days written notice if you wish to change the dates |
| В | More than 26 weeks continuous service with the NHS ending with the 15 th week before the due date | Statutory Paternity pay:- Up to 2 continuous weeks paternity leave, paid at Statutory Paternity pay rate | As above | As above |
| С | More than 26 weeks continuous service with the NHS ending with the 15 th week prior to the due date, but earning below the Lower earnings limit for NICs | No entitlement to Statutory Paternity pay, Will be entitled to paternity leave (either one or two weeks continuous leave) Financial support may be available from Job Centre Plus or Social Security offices. | As above | As above |

24 Appendix 10 - Notification of Maternity Support (Paternity) Leave



Please read the Maternity, Paternity, Adoption & Shared Parental Leave Policy to help you complete this form. If you require any advice, please do not hesitate to contact the HR Department. Please complete the form in BLOCK CAPITALS if handwritten.

| Part A | Title: Payroll No: | | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (to be completed by | Surname: Forename(s): | | | |
| the member of staff) | Job Title: Department: | | | |
| | Line Manager: | | | |
| | Home address: | | | |
| | | | | |
| | Work Telephone: | | | |
| | | | | |
| | I wish to inform you that I intend to take Ordinary Paternity Leave as follows: | | | |
| | Partner's Expected Due Date (EWD) or | | | |
| | Expected date of placement for paternity | | | |
| | Expected date paternity leave to commence* | | | |
| | Expected return to work date** | | | |
| | *Your paternity leave cannot begin prior to the baby's birth/date of placement for paternity, but you can state that you wish your paternity leave to start on the day your child is born. | | | |
| | **Ordinary paternity leave must be taken in blocks of either one or two weeks | | | |
| Declaration | | | | |
| Deciaration | I declare that I: | | | |
| | am the baby's biological father / married to the mother / living with the mother in an enduring family relationship, but am not an immediate relative (please delete as applicable) | | | |
| | will have responsibility for the child's upbringing | | | |
| | will take time off work to support the mother or care for the child | | | |
| | have provided a copy of my partner's MAT B1 certificate with this form | | | |
| | Signed: Date: | | | |
| | Please ensure you have discussed this application with your Line Manager and provided them with a copy | | | |
| | of this form. | | | |
| | | | | |
| Next Steps | This form must be returned to the HR Department no later than 15 weeks before your baby's due date, or within 7 days of receiving a matching certificate for adoption. | | | |
| | | | | |
| | | | | |

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25 APPENDIX 11: Shared Parental Leave forms





What forms need to be completed?

These are the forms needed by a mother and/or the person she will share Shared Parental Leave (SPL) with, known as the partner, to confirm eligibility and entitlement with their employers. The forms can also be used to confirm eligibility and entitlement to Shared Parental Pay (ShPP).

| | Both parents want to take SPL | Just the mother 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 should use the calculator at www.gov.uk/pay-leave-for-parents to find some of the information needed to complete these forms. You may also visit www.gov.uk/shared-parental-leave-and-pay for further information on SPL and ShPP.
- Parents and employers should keep a copy of any completed forms.
- If the mother is in receipt of Maternity Allowance (MA), she will need to notify Jobcentre Plus to curtail this entitlement.
- The earnings requirements mentioned are correct as of March 2015.

Key abbreviations used in these forms

| SPL | Shared Parental Leave |
|------|-------------------------------|
| ShPP | Statutory Shared Parental Pay |
| SMP | Statutory Maternity Pay |
| MA | Maternity Allowance |

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FORM 1:

CURTAILMENT OF MATERNITY LEAVE AND PAY (FOR MOTHERS EMPLOYER)



| Section A: General (must be completed) | Please accept this as my notice to curtail my maternity leave and/or SMP. 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 maternity leave will end on the date given in Section B and that my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B. I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C. |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Mother's surname: Child's expected date of birth: Actual date of child's birth (if born): |
| Section B: Curtailing Maternity Leave (must be completed) | Date statutory maternity leave started/is intended to start: Date statutory maternity leave will come to an end: Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends: |
| Section C: Curtailing Maternity Leave (only complete if claiming ShPP) | Date SMP started/is intended to start: Date SMP will come to an end: Total number of weeks of SMP that will have been paid at the date that SMP ends: |
| Section D: Signature (must be completed) | Signature of mother: Date signed: |

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FORM 2:

NOTIFICATION THAT MOTHER IS INTENDING TO TAKE **SPL** (FOR MOTHERS EMPLOYER)



| Section A: General (must be completed) | Please accept this as notification that I (the mother) am entitled to and intend to take SPL (and ShPP if section C is completed). | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Mother's surname: First name: Partner's surname: First name: Partner's address: | |
| | Partner's National Insurance number: Child's expected date of birth: Actual date of child's birth: | |
| Section B: Maternity Entitlement Details | Date mother started (or intends to start) statutory maternity leave: Date mother's statutory maternity leave ended (or will end): | |
| (all answers that apply must be completed) | Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends: Date mother started (or intends to start) SMP or MA: | |
| | Date mother's SMP or MA ended (or will end): Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment: Total number of weeks by which SMP or MA will be reduced: (i.e. 39 weeks minus total number of weeks SMP or MA 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 maternity weeks taken and any SPL from a previous notice and revocation) Total number of weeks of SPL I (the mother) intend to take: Total number of weeks of SPL my partner intends to take: | |
| | | |
| Section D: Indication of Mother's leave intensions (must be completed but is not binding) | I (the mother) currently expect to take SPL as follows: Note: It will usually be helpful to answer this in a "From To" format | |
| | note. It will assume the post to answer this in a Tront To Johnst | |

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| Section E: Amount of ShPP available (only complete if claiming ShPP) | Total number of weeks of ShPP created: (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation) Total number of weeks of ShPP I (the mother) intend to take: Total number of weeks of ShPP my partner intends to take: I (the mother) currently expect to take ShPP as follows: |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Note: It will usually be helpful to answer this in a "From To" format |
| Section F: Mother's Declaration (must be completed) | The following points apply in all circumstances where a mother is entitled to maternity 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 th 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 the child at the time of the child's birth (along with my partner who has made the declaration below) I am entitled to maternity leave, my maternity 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 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 dat of this notice I will give my employer the name and address of my partner's employer or a declaration that the do not have an employer if my employer asks for this within 14 days of your agreement with you manager 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 th week before the expected week of childbirth I am entitled to SMP in respect of the birth of our child, my maternity 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 will remain employed with this employer until before the date of my first period of ShPP Will remain employed with this employer until before the date of my first period of ShPP Will remain employed with th |
| | Signature of mother: Date mother signed: |
| | |

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Section G:

Partner's Declaration

(must be completed)

- I am the father of the child, or at the date of the birth I was (or will be) the mother's spouse, the
 mother's civil partner and/or the mother's partner living with her 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 birth (along with the child's mother)
- I have been (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 birth
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the
 expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- . I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.
- The information provided in this declaration is accurate.

| Signature of partner: | | | |
|-----------------------|--|--|--|
| Date partner signed: | | | |
| | | | |

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FORM 3:

NOTICE CONFIRMING THAT PARTNER IS TAKING SPL BUT MOTHER IS **NOT** (FOR MOTHER'S EMPLOYER)



| Section A: General (must be completed) | Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be. | | |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | Mother's surname: First name: | | |
| 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. | | |
| Section C: Signature (must be completed) | Signature of mother: | | |
| | Date signed: | | |

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FORM 4:

NOTIFICATION THAT PARTNER IS INTENDING TO TAKE SPL (FOR PARTNER'S EMPLOYER)



| Section A: General (must be completed) | Please accept this as notification that I (the mother's partner) am entitled to and intend to take SPL (and ShPP if section C is completed). | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | Partner's surname: First name: Mother's surname: First name: | | |
| | Mother's address: | | |
| | Mother's National Insurance number: | | |
| | Child's expected date of birth: | | |
| | Actual date of child's birth: | | |
| Section B: Maternity | Date mother started (or intends to start) maternity leave: | | |
| Entitlement Details | Date mother's maternity leave ended (or will end): | | |
| (all answers that apply must be completed) | Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends: | | |
| | Date mother started (or intends to start) SMP or MA: | | |
| | Date mother's SMP or MA ended (or will end): | | |
| | Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment: | | |
| | Total number of weeks by which SMP or MA will be reduced: | | |
| | (i.e. 39 weeks minus total number of weeks SMP or MA 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 mother 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 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 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 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 intends to take: | | |
| | | | |

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| Section D: Indication of | I (the partner) currently expect to take ShPP as follows: | | | | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Partner's leave intentions | | | | | | |
| (must be completed | | | | | | |
| But is not binding) | Note: It will usually be helpful to answer this in a "From To" format | | | | | |
| | | | | | | |
| Section E: Amount of | Total number of weeks of ShPP created: | | | | | |
| ShPP available | (39 weeks less total number of SMP/MA taken and any | | | | | |
| | ShPP paid from a previous notice and revocation) | | | | | |
| (only complete if claiming ShPP) | Total number of weeks of ShPP I (the partner) intend to take: | | | | | |
| | Total number of weeks of ShPP mother intends to take: | | | | | |
| | I (the partner) currently expect to take ShPP as follows: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Note: It will usually be helpful to answer this in a "From To" format | | | | | |
| | | | | | | |
| Section F: | The following points apply in all circumstances: | | | | | |
| Partner's Declaration | I am giving notice that I am entitled to and intend to take SPL | | | | | |
| (must be completed) | I am the father of the child, or at the time of the birth I was (or will be) the mother's spouse, the mother's civil partner and/or the mother's partner living with her 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) the main responsibility for the care of our child at the time of the child's birth (along | | | | | |
| | | | | | | |
| | | | | | | |
| | with the child's mother 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's employer or a declaration that she does 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 her notice to curtail her maternity leave or SMP/maternity allowance 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 | | | | | |
| | - The anormation provided in this declaration is correct | | | | | |
| | Signature of partner: | | | | | |
| | | | | | | |
| | Date signed: | | | | | |

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Section G:

Mother'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 £390 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 SPI.

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 of partner: | | | |
|-----------------------|--|--|--|
| Date partner signed: | | | |
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