

# **DIGITAL HEALTH AND CARE WALES**

# **SHARED PARENTAL LEAVE POLICY**

<b>Document Version</b>
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Status	Approved
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Document author:	Velindre NHS Trust
Approved by:	Velindre NHS Trust
Date approved:	02/05/2019
Review date:	31/03/2022



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Delivering High Quality Digital Services

# WELL-BEING OF FUTURE GENERATIONS ACT | A healthier Wales

If more than one standard applies, please list below:

A prosperous Wales, A resilient Wales, A more equal Wales, A Wales of cohesive communities, A Wales of vibrant culture and thriving Welsh language, A globally responsible Wales

### DHCW QUALITY STANDARDS IS

ISO 20000

If more than one standard applies, please list below:

ISO 27001, ISO 9001, BS 76000:2015, BS 76005, SDI (Service Desk Institute Standard)

# HEALTH CARE STANDARD

Staying Healthy

If more than one standard applies, please list below:

Individual Care, Staff and Resources

### **EQUALITY IMPACT ASSESSMENT STATEMENT**

Date of submission: 19/05/2015

No, (detail included below as to reasoning)

Outcome: Approved

Statement: Digital Health and Care Wales (DHCW) is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups. An Equality Impact Assessment (EQIA) has been undertaken on this policy and the way it operates. The Organisation wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, welsh language, religion or belief, gender identity, age or other protected characteristics.

The assessment found that there was no impact to the equality groups mentioned and this policy will have a positive impact on all the 'protected characteristic' groups. Where appropriate, the organisation will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

# **APPROVAL/SCRUTINY ROUTE:**

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	23/03/2021	Approved



IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report



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# 1 DOCUMENT HISTORY

# 1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
02/05/2019	1	Velindre NHS Trust	Policy finalised

### 1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
02/05/2019	1	Velindre NHS Trust	Host Organisation until 31/03/2021

### 1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Velindre NHS Trust		
Role:	Host Organisation until 31/03/2021		
Signature:	N/A	Date:	02/05/2019

Approver's Name:	Velindre NHS Trust		
Role:	Host Organisation until 31/03/2021		
Signature:	N/A	Date:	02/05/2019

# 1.4 DOCUMENT LOCATION

Туре	Location
Electronic	Integrated Management System



### **2 POLICY STATEMENT**

Digital Health and Care Wales Shared Parental Leave (ShPL) Policy has been produced to ensure that all of the provisions offered to employees fully comply with the Children and Families Act (2006), Maternity and Parental Leave Regulations (2008), Paternity and Adoption Regulations (2002), Shared Parental Leave Regulations (2014), the NHS Terms and Conditions of Service Handbook and the Equality Act (2010).

This Policy outlines the arrangements for Shared Parental Leave and pay in relation to the birth or adoption of a child and should be used in conjunction with the Maternity, Adoption, Paternity and Parental Leave Policy. A glossary of terms used throughout this Policy is contained in Section 5.

Within this Policy, the terms parent or guardian are used and not "Mother" and "Father" recognising and reflecting the diversity within our workforce.

#### 3 SCOPE OF POLICY

This policy will apply to all employees within Digital Health and Care Wales who are eligible to take Shared Parental Leave (ShPL). The entitlements outlined within this policy will apply equally to employees who are employed on a fixed term/temporary basis and who also meet the eligibility criteria.

### 4 AIMS AND OBJECTIVES

The Shared Parental Leave Regulations (2014) provide an opportunity for parents to consider the best arrangement to care for their child during the child's first year.

ShPL is a form of leave available to working parents, following the birth or adoption of a child, in respect of children who are expected to be born or adopted on or after 5<sup>th</sup> April 2015.

ShPL allows parents to take up to 52 weeks leave, in total, immediately after the birth or adoption of a child. Parents may be able to take this leave at the same time or at different times.

### **5** RESPONSIBILITIES

### 5.1 Employee

- 5.1.1 To inform their manager as soon as they know they are interested in taking shared parental leave.
- 5.1.2 To ensure that the appropriate notice is given and necessary information is provided by completing, in full, the Curtailment Notice Form, Notice of Entitlement and Intention Form and the Period of Leave Notice Form (as appropriate).
- 5.1.3 To inform their manager of their intentions regarding returning to work.



### 5.2 Manager

- 5.2.1 To ensure that the employee has a copy of this policy and seeks additional advice from the Workforce & Organisational Development Department, if necessary.
- 5.2.2 To ensure that the employee is aware of their rights and obligations under this policy.
- 5.2.3 To ensure that the appropriate paperwork is forwarded to the Workforce & Organisational Development/Payroll Team in a timely manner.
- 5.2.4 To ensure that all employees who are on shared parental leave are kept informed about developments within the department and organisation.
- 5.2.5 To inform the Payroll Department when the employee starts and end Shared Parental Leave.

### 5.3 Workforce & Organisational Development Team

5.3.1 To advise the employee of their rights and obligations under this Policy.

### 5.4 Payroll Team

- 5.4.1 To ensure that payments are made in line with statutory regulations.
- 5.4.2 To ensure that the appropriate paperwork has been received.
- 5.4.3 To ensure that payments are made in line with normal salary crediting.
- 5.4.4 To ensure that the employee's membership to the NHS Pension Scheme is protected during paid and unpaid shared parental leave.

### 6 DEFINITIONS

Continuous	Continuous Service with any NHS organisations, without a break in service of three
Service	calendar months or more. Continuous service is calculated up to the 11 <sup>th</sup> week before
	the expected week of childbirth (EWC) for Occupational Maternity Pay (OMP) or the
	15 <sup>th</sup> week before the EWC, the Qualifying Week, for Statutory Maternity/Adoption
	Pay.
EDC	Expected date of childbirth is the date the child is expected to be born on.
EWC	Expected week of childbirth is the week starting on a Sunday, during which the
	employee's doctor or midwife expects her to give birth.
KIT	Keep in Touch days. Employees may work up to ten days during their period of
	maternity/adoption/additional paternity leave.
MA	Maternity Allowance (paid by the Department of Work and Pensions).
OMP	Occupational Maternity Pay (paid by Digital Health and Care Wales).
PARENT	One of two people who will share the main responsibility for the child's upbringing
	and who may be the mother, the father, or the mother's partner (who is not the



	biological father). This would include heterosexual or same sex partners. Please note we have used the terms mother and father but recognise that these terms may not be used by someone who identifies as non-binary and parent would be more appropriate.
PARTNER	Spouse, Civil Partner or someone living with another person, in an enduring relationship, but not a sibling, child, grandparent, grandchild, aunt, uncle, niece or nephew.
SAP	Statutory Adoption Pay (paid by Digital Health and Care Wales)
ShPL	<b>Shared Parental Leave</b> (where maternity/adoption leave has been voluntarily curtailed).
ShPP	Shared Parental Pay (paid by Digital Health and Care Wales).
SMP	Statutory Maternity Pay (paid by Digital Health and Care Wales).
QW	<b>Qualifying Week</b> is the 15 <sup>th</sup> week before the expected week of childbirth.

# 7 IMPLEMENTATION / POLICY COMPLIANCE

### 7.1 Birth of a Child

The total amount of ShPL available is 50 weeks, less the weeks spent by the child's parent on maternity leave or the weeks in which the parent has been in receipt of Statutory Maternity Pay (SMP) or Maternity Allowance (MA), if they are not entitled to maternity leave.

In accordance with the Digital Health and Care Wales Maternity, Adoption, Paternity and Parental Leave Policy and the Maternity and Parental Leave Regulations (2008), the birth parent of the child must take at least two weeks compulsory maternity leave immediately after the birth of the baby.

### 7.2 Adoption of a Child

The total amount of ShPL available is 50 weeks, less the weeks spent on adoption leave or in receipt of Statutory Adoption Pay (SAP).

The child's adoptive parent must take a minimum of two weeks adoption leave following the placement of the child.

### 7.3 Parental Eligibility

An employee is eligible to ShPL in relation to the birth or adoption of a child if:

- **7.3.1** They are the child's parent and the main responsibility for the care of the child is shared with the other parent (or their partner, if the other parent is not their partner); or:
- **7.3.2** A child has been placed with you and/or your partner for adoption you intend to share the main responsibility for the care of the child with your partner.



### 7.4 Employment Eligibility

The following conditions of employment must also be fulfilled to be eligible to ShPL;

- 7.4.1 Employees must have at least 26 weeks continuous employment with Digital Health and Care Wales by the end of the Qualifying Week (QW) or, in the case of adoption, before the beginning of the week when matched with a child and the employee must still be employed by the organisation in the week prior to the leave being taken;
- 7.4.2 The other parent/partner must have worked (in an employed or self-employed capacity) for at least 26 of the 66 weeks before the Expected Week of Confinement (EWC) or, in the case of adoption, ending with the week in which they are notified of being matched with a child and the partner must have received an average weekly earnings of at least £30.00 during 13 of those weeks; and
- 7.4.3 The employee and the other parent must give the necessary statutory notices and declarations, as summarised below, including any required notice to end any maternity or adoption leave, SMP, MA or SAP periods.

### 8 EVIDENCE OF ENTITLEMENT

To confirm the employees' entitlement to ShPL, Digital Health and Care Wales, reserve the right to request:

- 8.1.1 A copy of the birth certificate or one or more documents from the Adoption Agency showing the agency's name, address and the expected placement date.
- 8.1.2 If the notice of entitlement is provided prior to the birth/adoption, the MAT B1 form, or adoption agency correspondence, may be utilised as a form of evidence of entitlement. Digital Health and Care Wales reserves the right to request a copy of the birth certificate/adoption confirmation subsequent to the birth/adoption.
- 8.1.3 The name and address of the other parent's employer.
- 8.1.4 If required, Digital Health and Care Wales will request any/all information within fourteen days of receipt of the notice of entitlement and the employee must provide any/or information within fourteen days of the request.

### 8.2 Opting in to Shared Parental Leave and Pay

### 8.2.1 Notice of Entitlement (Appendix A/B)

Employees who wish to utilise ShPL must provide a written opt-in Notice (Appendix A/B) at least eight weeks prior to the date of commencement of ShPL. This notice informs Digital Health and Care Wales that the employee and their partner wish to share the entitlement to ShPL.



The notice of entitlement will outline the total leave available as ShPL, how much will be allocated between each parent and an indication of the pattern of leave, including start and end dates. This notice provides a declaration from each parent that they meet the entitlements to ShPL and Shared Parental Pay (ShPP).

Following commencement of ShPL, maternity/adoption/paternity entitlement will cease.

# 8.2.2 Curtailment of Maternity/Adoption Notice (Appendix C)

The child's parent or primary adopter must provide Digital Health and Care Wales with notice to curtail their maternity/adoption leave, at least eight weeks prior to the date of curtailment (Appendix C).

A curtailment notice can be provided before or after the birth/adoption. However, there must be at least two weeks of compulsory maternity leave/adoption leave taken immediately after the birth/adoption.

The curtailment notice cannot be revoked unless:

- It has been identified that one parent does not meet the eligibility criteria for ShPL. In this instance, the curtailment notice must be revoked, in writing, up to eight weeks after it was submitted; or
- The curtailment notice was provided prior to the birth/adoption. In this instance, the curtailment notice must be revoked, in writing, up to eight weeks after it was given or up to six weeks after the birth of the baby/the date of adoption, whichever is later; or
- If the other parent has died.

Only in exceptional circumstances will there be an opportunity to submit a second curtailment notice, if there has been a revocation of an initial curtailment notice.

There may be an opportunity for the other parent to begin ShPL, prior to the maternity/adoption leave ending, providing a curtailment notice has been submitted.

### 8.3 Period of Leave Notice (Appendix D)

A period of leave notice must be submitted before any period of ShPL is due to commence. This can be submitted at the same time as the notice of entitlement and/or the curtailment notice or it can be given up to eight weeks before the start of the period of leave. Employees are able to submit up to three notifications for periods of ShPL (or more in exceptional circumstances), which must be periods of complete weeks (as opposed to days).

Where a period of leave notice is provided prior to the birth or adoption of a child, the start date may be expressed as a number of days from the date of the birth or adoption i.e. a duration of twelve weeks ShPL, starting 169 days after the birth/adoption).

### 8.3.1 Continuous Blocks of ShPL



A continuous block of ShPL is an unbroken period of leave with a clear start and end date. Digital Health and Care Wales will approve any single continuous blocks of ShPL and this will be confirmed, in writing, to the employee within fourteen days of receipt of the request.

### 8.3.2 Discontinuous Blocks of ShPL

A discontinuous block of ShPL is where a period of leave notice identifies split periods of ShPL with periods of work in between. Digital Health and Care Wales may be willing to consider this request, if it is discussed in advance and prior to submitting a period of leave notification.

All requests for discontinuous leave will be carefully considered, weighing up the potential benefits to the employee and to the organisation against any adverse impact to the business.

Each request for discontinuous leave will be considered on a case-by-case basis. Agreeing to one request will not set a precedent or create the right for another employee to be granted a similar pattern of ShPL.

All requests for discontinuous leave will be responded to, in writing, within fourteen days of receiving the request. If a discontinuous leave request is declined, there will be a two-week discussion period between the manager and the employee whereby start and end dates will be negotiated. If an agreement is reached at the end of this period, the agreed discontinuous block of ShPL will be confirmed in writing as soon as is reasonably possible.

Should no agreement have been reached at the end of the two week discussion period, the employee may choose to:

- Take the full amount of requested ShPL in one continuous block;
- Choose a new start date, which is at last eight weeks after the original Period of Leave Notice was submitted;
- Withdraw the Period of Leave Notice within two days of the end of the two week discussion period (in which case, it will not be counted and a new Period of Leave Notice may be submitted.

### 8.3.3 Changing the Dates or Cancelling ShPL

A previously agreed period of ShPL can be cancelled, by written notification, if there is at least eight weeks before the start date of the period of leave.

There is also an opportunity to change the dates of agreed periods of ShPL, with at least eight weeks' notice before the original start date and the new start date.

Where a period of leave notification has been submitted and agreed prior to the birth/adoption and is due to commence less than eight weeks subsequent to the date of birth or placement, but the child has been born/adopted earlier, there will be no need to provide eight weeks' notice to amend the start of ShPL. In such cases, the change should be outlined in writing as soon as is reasonably possible.

A notice to cancel or change a period of leave will continue to contribute to one period of leave notification, unless:



- The variation is a result of the child being born/adopted earlier or later than the EWC/expected placement date;
- The variation is at the request of Digital Health and Care Wales; or
- Any other exceptional circumstances.

### 8.3.4 Shared Parental Pay (ShPP)

Where an employee intends to return to work after a period of shared parental leave, the maximum joint entitlement of an eligible couple to occupational shared parental pay will be as set out below. The maximum entitlement will only apply where either parent has not already received statutory or occupational maternity pay or statutory or occupational adoption pay in respect of the child.

Where such pay (excluding pay during the compulsory two-week maternity/adoption leave period) has been received by either parent, the maximum joint entitlement set out below will reduce proportionate to the amount of maternity or adoption pay which has either been taken and paid to either parent, or notified as intending to be taken by either parent.

- For the first six weeks of absence the employee will receive full pay. Full pay is inclusive of any ShPP. The total receivable cannot exceed full pay;
- ii) For the next 18 weeks of absence the employee will receive half of full pay plus any ShPP. The total receivable cannot exceed full pay;
- iii) For the next 13 weeks, the employee will receive any ShPP that they are entitled to under the statutory scheme;
- iv) For the final 13 weeks, the employee will receive no pay.

Digital Health and Care Wales will not pay more than 26 weeks, 8 weeks' full pay (including the two weeks' compulsory leave) and 18 weeks' half pay, to employees accessing occupational maternity or adoption or shared parental pay, in aggregate, to an eligible couple. This is irrespective of whether one or both parents are NHS employees, as shared parental leave and pay is a joint entitlement.

### 8.3.5 Shared Parental Leave in Touch (SPLIT)

Digital Health and Care Wales encourages reasonable contact between the manager and employee during periods of ShPL. There is an opportunity for the employee to attend work on up to 20 SPLIT days without bringing their period of ShPL to an end or impacting on their right to claim ShPP. Any work carried out on a day, or part of a day, shall constitute one SPLIT day. This is an addition to any Keeping in Touch (KIT) days as outlined within the Maternity, Adoption, Paternity and Parental Leave Policy.

SPLIT days are not compulsory and there is no obligation for the employee to attend work, or for the manager to offer any work. Any work undertaken must be agreed between the manager and



employee. SPLIT days may also be used to facilitate a gradual return to work, or to trial a possible flexible working pattern, if agreed by both the manager and the employee.

Payment of SPLIT days during ShPL will be payable at the normal basic rate of pay spent working, inclusive of any shared parental pay entitlement. Alternatively, there may be a prior agreement to receive the equivalent paid time off in lieu.

### 8.3.6 **Returning to Work**

The employee will have been formally advised, in writing, of the end date of any period of ShPL and the employee will be expected to return on the next working day after this date, unless they notify their manager otherwise. If the employee is unable to attend work due to sickness or injury, the Managing Attendance at Work Policy will apply. In any other case, late return, without prior authorisation, will be treated as unauthorised absence.

If the employee wishes to return to work earlier than the expected return date, they may provide a written notice to vary the leave and must give their Manager at least eight weeks' notice of the date of their early return. This will count as one of the employee's notifications. If the employee has already submitted the maximum of three periods of leave notifications to book and/or vary leave, Digital Health and Care Wales does not have to accept the notice to return early, but may do if it is considered to be reasonably practicable to do so.

Employees returning to work from ShPL will normally be entitled to return to the same position, which they held prior to the commencement of ShPL. Where ShPL and any maternity, paternity or adoption leave totals more than 26 weeks (whether or not taken consecutively), there may be instances where a suitable alternative job, on terms and conditions which are not less favourable than those held in the previous post, will be identified.

If an employee wishes to amend previous working arrangements on return from ShPL, a request should be made to their Manager in accordance with the Flexible Working Policy.

Where an employee does not wish to return to work following a period of ShPL, a resignation notice should be submitted. It should be noted that where an employee has commenced ShPL, subsequent to maternity/adoption leave, the employee will need to return to work for at least 13 weeks (which may or may not be consecutive), in accordance with the Maternity, Adoption, Paternity and Parental Leave Policy. If this is not the case, there may be a requirement for the employee to refund the occupational element of the maternity/adoption pay received.

#### 8.3.7 Terms and Conditions during ShPL

An employee's Terms and Conditions of Employment remain in force during ShPL, except for the terms relating to pay.

Annual Leave entitlement will continue to accrue. Where ShPL continues into the next annual leave year, any statutory entitlement, which cannot be reasonably taken before starting ShPL, can be carried over and must be taken before returning to work, unless agreed otherwise.



Digital Health and Care Wales will continue to make employer pension contributions on behalf of members of the NHS Pension Scheme during any period of paid ShPL, based on normal salary. Employee pension contributions will be based on the amount of any ShPP received, unless the employee wishes to make up any shortfall.

### 7.3.8 Suspected Fraudulent Claims for ShPP

Digital Health and Care Wales can, where there is a suspicion that fraudulent information may have been provided, or where the organisation has been informed by the HMRC that a fraudulent claim was made, investigate the matter further in accordance with the organisation's Disciplinary Policy and without acting in a discriminatory manner in relation to any of the protected characteristics defined in the Equality Act 2010.

### 9 REFERENCES

- Digital Health and Care Wales Maternity, Adoption, Paternity and Parental Leave Policy;
- Digital Health and Care Wales Managing Attendance at Wales Policy;
- Digital Health and Care Wales Disciplinary Policy.

### 10 GETTING HELP

Information can be obtained from the Workforce & Organisational Development Department.



# **Appendix A**

# NOTICE OF ENTITLEMENT FOR SHARED PARENTAL LEAVE FOLLOWING THE BIRTH OF A CHILD/REN

	T
Name of Employee	
Job Title/Position/Department	
Employee Number	

I wish to provide Digital Health and Care Wales with an initial indication of my proposed Shared Parental Leave Notice, we well as the required Declarations from myself and my partner.

# Section A: Information to be provided by employee

\*Delete as appropriate

1	My child's expected week of birth is /my child was born on	
2	My /my partner's maternity leave commenced/is expected to commence on	
3	My /my partner's maternity leave ended/is expected to end on	
4	Total amount of Shared Parental Leave my partner and I have available (52 weeks)/total amount of maternity leave already taken	
5	Total amount of Shared Parental Pay my partner and I have available (total weeks) is 39 weeks. Total amount of maternity pay (in weeks) already received	



# **Indication of Shared Parental Leave and Pay**

Please complete the following table to provide your manager with an indication of how you intend to arrange your Shared Parental Leave and Pay with your partner:

	KEY
M	Payable Maternity Leave
Р	Payable Paternity Leave
S	Payable Shared Parental Leave
US	Unpaid Shared Parental Leave

# Example

Wk	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2
										0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6
You	M	M	Μ	M	Μ	Μ	M	Μ	M	M	M	Μ							S	S	S	S	S	S	S	S
Ptnr	Р	Р											S	S	S	S	S	S								

Wk	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5
	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2
You	S	S	S	S					S	S	S	S	S							U S						
Ptnr					S	S	S	S						S	S	S	S	S	S							

# Employee's Indication of how they intend to arrange their Shared Parental Leave and Pay with their partner

Wk	1	2	3	4	5	6	7	8	9	1	1	1 2	1 3	1 4	1 5	1 6	1 7	1 8	1 9	2	2	2	2	2 4	2 5	2
You																										
Ptnr																										

Wk	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5
	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2
You																										
Ptnr																										



# Section B: Declaration to be completed by employee

# \*Delete as appropriate

I satisfy / will satisfy the following eligibility requirements to take Shared Parental Leave:

	Tick
I have / will have 26 weeks' continuous employment ending with the 15 <sup>th</sup> week before the expected week of childbirth and, by the week before any period of Shared Parental Leave that I take, I will have remained in continuous employment with Digital Health and Care Wales.	
At the date of the child's birth, my partner and I have / will have the main responsibility for the care of the child.	
I am entitled to statutory maternity leave/paternity leave in respect of the child.	
The information which <i>I / we</i> have provided is accurate and I will inform Digital Health and Care Wales if the information changes throughout the duration of the Shared Parental Leave period.	
I/we will immediately inform Digital Health and Care Wales if I / we cease to care for the child.	
I have / my partner has curtailed my /their maternity leave and returned to work before the end of my/their statutory maternity leave period.	

Section C: Declaration to be completed by the employee's partner



### **NOTES**:

The start date of the first period of Shared Parental Leave that you wish to take must be at least eight weeks after you have provided this Notice. Shared Parental Leave must be taken in blocks of at least one week.

This notice is to allow Digital Health and Care Wales to check that you are entitled to Shared Parental Leave. This notice is not binding and you must give Digital Health and Care Wales a period of leave notice (Appendix D), at least eight weeks before the first period of Shared Parental Leave in that Notice which you wish to take.

1	Name:	
2	Address:	
3	National Insurance Number:	
4	Employer Name and Address (if applicable):	

# \*Delete as appropriate

	Tick
I / we have been employed or self-employed in at least 26 weeks of the 66 weeks immediately preceding the expected week of childbirth.	
I/we have average weekly earnings of at least £30.00 for any 13 of those 66 weeks.	
At the date of the child's birth, my partner and I have / will have the main responsibility for the care of the child.	
I / we am/are entitled to statutory maternity leave/paternity leave in respect of the child.	
I am the parent / main care giver of the child, or I am married to the parent of the child, or I am the civil partner / partner of the parent.	



I consent to the amount of Shared Parental Leave, which my partner intends to take	
I consent to Digital Health and Care Wales processing the information provided in this form.	
I will inform my partner of any changes to this form throughout the duration of the Shared Parental Leave period.	

### **Section D: Signatures**

Signed (Employee):	
Dated	
(Employee):	
Signed	
(Partner):	
Dated	
(Partner):	
•	

# **Authorisation by Manager**

I confirm that the employee is eligible for Shared Parental Leave and I have informed the employee that in order to invoke Shared Parental Leave, a curtailment notice must have been provided, as well as the completion of a period of Shared Parental Leave Notice (Appendix D).

Manager (Print name):	Signed:	
Job Title:	Date:	

Following authorisation, please send this form to the Workforce & OD Department as soon as possible. Please ensure that the employee retains a copy for their records.



# **APPENDIX B**

# NOTICE OF ENTITLEMENT FOR SHARED PARENTAL LEAVE FOLLOWING THE ADOPTION OF A CHILD/REN

Name of Employee:	
Job Title:	
Employee Number:	

I wish to provide Digital Health and Care Wales with an initial indication of my proposed Shared Parental Leave, as well as the required declarations from myself and my partner.

# Section A: Information to be provided by employee

\*Delete as appropriate

1	My child's expected week of placement is / was.	
2	My / my partner's adoption leave commenced / is expected to commence on.	
3	My / my partner's adoption leave ended / is expected to end on.	
4	Total amount of Shared Parental Leave my partner and I have available (52 weeks — total amount of adoption leave already taken).	
5	Total amount of Shared Parental Pay my partner and I have available (in total weeks) is 39 weeks – total amount of adoption pay (in weeks) already received.	

**APPENDIX B** 



# **Indication of Shared Parental Leave and Pay**

Please complete the following table to provide your Manager with an indication of how you intend to arrange your Shared Parental Leave and pay with your partner.

# Example

Wk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
You	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α	Α							S	S	S	S	S	S	S	S
Ptnr	Р	Р											S	S	S	S	S	S								

Wk		2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5
		8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2
Yo	S	S	S	S					S	S	S	S	S							U	U	U	U	U	U	U
u																				S	S	S	S	S	S	S
Ptn					S	S	S	S						U	U	U	U	U	U							
r														S	S	S	S	S	S							

	KEY
Α	Payable Adoption Leave
Р	Payable Paternity Leave
S	Payable Shared Parental Leave
US	Unpaid Shared Parental Leave

Wk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
You																										
Ptnr																										

Wk	27	2	2 9	3	3	3 2	3	3 4	3 5	3 6	3 7	3 8	3 9	4 0	4	4 2	4 3	4	4 5	4 6	4 7	4 8	4 9	5	5 1	5 2
You																										
Ptnr																										



# Section B: Declaration to be completed by employee

# \*Delete as appropriate

I satisfy / will satisfy the following eligibility requirements to take Shared Parental Leave;

	Tick
I have / will have 26 weeks' continuous employment by the end of the week of being matched with a child and, by the week before any period of Shared Parental Leave I take, I will have remained in continuous employment with Digital Health and Care Wales.	
At the date of being matched with a child, my partner and I have / will have the main responsibility for the care of the child.	
I am entitled to statutory adoption leave / paternity leave in respect of the child.	
The information that I have provided is accurate and I will inform Digital Health and Care Wales if the information changes throughout the duration of the Shared Parental Leave period.	
I will immediately inform Digital Health and Care Wales if I cease to care for the child.	
I have / my partner has curtailed my /their adoption leave and returned to work before the end of my/their statutory adoption leave period.	



# Section C: Declaration to be completed by employee's partner

### **Notes**

The start date of the first period of Shared Parental Leave that you wish to take must be at least eight weeks after you have provided this Notice. Shared Parental Leave must be taken in blocks of at least one week.

This Notice is to allow Digital Health and Care Wales to check that you are entitled to Shared Parental Leave. This Notice is not binding. However, you must give Digital Health and Care Wales a period of leave notice (Appendix D) at least eight weeks before the first period of Shared Parental Leave that you wish to take.

1	Name:	
2	Address:	
3	National Insurance Number:	
4	Employer name and address (if applicable):	

### \*Delete as appropriate

I have been employed or self-employed in at least 26 weeks of the 66 weeks	Tick
immediately preceding the expected week of childbirth.	
I have average weekly earnings of at least £30.00 for any 13 of those 66 weeks.	
At the date of the child's birth, my partner and I have / will have the main	
responsibility for the care of the child.	
I am entitled to statutory maternity leave / paternity leave in respect of the child.	
I am the <i>parent / main care giver</i> of the child, <u>or</u> I am married to the <i>parent</i> of the	
child, <u>or</u> I am the <i>civil partner / partner</i> of the <i>parent</i> .	
I consent to the amount of Shared Parental Leave which my partner intends to take.	
I consent to Digital Health and Care Wales processing the information provided in	
this form.	



I will inform my partner of any changes to this form throughout the duration of the	
Shared Parental Leave period.	

# **Section D: Signatures**

Signed (Employee):	
Dated (Employee):	
Signed (Partner):	
Dated (Partner):	

# **Authorisation by Manager**

I confirm that the employee is eligible for Shared Parental Leave and that I have informed the employee in order to invoke Shared Parental Leave, a curtailment notice must have been provided, as well as the completion of a period of shared parental leave notice (Appendix D)

Manager (Print Name):	Signed:	
Job Title:	Date:	

Following authorisation, please send this form to the Workforce & OD Department as soon as possible. Please ensure that the employee retains a copy for their records.



# **Appendix C**

Name of Employee:

# **Notice to Curtail Maternity / Adoption Leave**

#### **Notes**

You should complete and submit this form alongside Digital Health and Care Wales Notice of Entitlement Form (Appendix A/B).

<u>Please think very carefully before you submit this form</u>. Once this form is submitted, you can only revoke it in limited circumstances.

The date on which you end your maternity /adoption leave must be at least:

- eight weeks after the date on which you provide this notice to Digital Health and Care Wales;
- two weeks after you give birth/been placed with a child;
- one week before what would have been the end of additional maternity/adoption leave.

Joh Titlor			
Job Title:			
Employee	Number:		
*Delete as	appropriate		
adoption pa of Entitlem my partner	ay to an end t ent Form dec has also prov	nary / additional maternity / adoption leads to be able to take Shared Parental Leave. I hall aring that both my partner and I are entitled rided a Notice of Entitlement to his/her employer has agreed to take, as outlined within the North the North Additional Processing Control of t	ive also completed the Notice to Shared Parental Leave and oyer. I consent to the amount
I wish to 6	end my <i>ordin</i>	ary / additional maternity / adoption leave	
and pay to	end on the f	ollowing date.	
Signed:			
Date:			



# **Authorisation by Manager**

I confirm that the employee's maternity / adoption leave will		
end on:		
Manager (Print Name):	Signe	ed:
Job Title:	Date	:

Following authorisation, please send this form to the Workforce & Organisational Development Department as soon as possible. Please ensure that the employee retains a copy for their records.



# **Appendix D**

#### Period of Shared Parental Leave Notice

### **Notes**

You can request to take Shared Parental Leave in one continuous block or as a number of discontinuous blocks of leave, which would need prior discussion with your Manager. A maximum of three requests for leave, per pregnancy/adoption, can normally be made by each parent.

The start date of the first period of Shared Parental Leave that you wish to take must be at least eight weeks after you have provided this notice. Shared Parental Leave must be taken in blocks of at least one week.

This notice is to confirm to Digital Health and Care Wales the Shared Parental Leave which you intend to take. You must have already submitted a Notice of Entitlement before using this form.

Digital Health and Care Wales recognises that employees' plans can change. However, it is recommended that you and your partner think carefully about your Shared Parental Leave before submitting this form, as opportunities to amend requests for Shared Parental Leave are limited. Apart from exceptional circumstances, you can submit a period of leave notice or inform us in writing that you have changed your mind about Shared Parental Leave dates on a combined total of just three occasions.

You and your partner must take any Shared Parental Leave within 52 weeks of the birth of your child.

Name of employee:		
Job Title:		
Employee Number:		
Amount of Shared Pare	ntal Leave (in weeks), my partner and I have available.	
Amount of Shared Pare	ntal Pay (in weeks), my partner and I have available.	

I wish to take the following period(s) of Shared Parental Leave (please complete either Section A or Section B).

#### Section A

To be completed if the child has already been born / matched, or if you know the exact dates on which you would like to take Shared Parental Leave.

I intend to take Shared Parental Leave on the following dates (please include the start date and
end dates for each period of leave, which you intend to take).
I intend to receive Shared Parental Pay for the following dates (in complete weeks).



### **Section B**

To be completed if the child has not been born/matched and you wish for your Shared Parental Leave to start a specified number of days after the day on which your child is born/matched

I wish for my Shared Parental Leave to start the following number of days after the date in which my child is <i>born /matched</i> .		
I wish for my Shared Parental Leave to end the following number of days after the		
date on which my child is born / matched.		
I wish / do not wish to receive Shared Parental Pay for this period.		
Signed:		
Date:		

### **Authorisation by Manager**

I have discussed this period of Shared Parental Leave notice with the employee and I *support/do not support* the dates requested

Manager (Print Name):	Signed:	
Job Title:	Date:	

Following authorisation, please send this form to the Workforce & OD Department as soon as possible. Please ensure the employee retains a copy for their records



# **Appendix E**

### **Shared Parental Leave Process**

