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| A close up of a logo  Description automatically generated | | | **Human Resources**  **Shared Parental Leave and Pay –**  **Request to Vary Leave Form** | | | | | | | | | | | |
| Please ensure you have read the [Shared Parental Leave Policy](https://www.hud.ac.uk/media/policydocuments/Shared-Parental-Leave-Policy.pdf) before completing this form. Prior to completing this you should discuss your intentions with your line manager.  This form should be used to formally request to vary a period of Shared Parental Leave. To request to vary leave you must have previously submitted the Declaration of Entitlement to Shared Parental Leave and Pay form.  Please note:   * Any request for leave must be submitted to the HR Department at least **8 weeks** before the start of the first period of Shared Parental Leave. * Members of staff can make a total of 3 requests for variations to the leave and pay period, the first being the original notice provided in the Shared Parental Leave and Pay - Request to Book Form.   You may find the [Gov.UK Plan your Shared Parental Leave and Pay planning tool](https://www.gov.uk/plan-shared-parental-leave-pay) useful to find out how and when you can take Shared Parental Leave alongside maternity, adoption and paternity leave. | | | | | | | | | | | | | | |
| **Section 1: Basic Details** | | | | | | | | | | | | | | |
| Employee Name | |  | | | | | | | | | | | | |
| Employee ID Number | |  | | | | | | | | | | | | |
| School/Service | |  | | | | | | | | | | | | |
| Job Title | |  | | | | | | | | | | | | |
| **Section 2: Shared Parental Leave/Pay Dates** | | | | | | | | | | | | | | |
| Please provide details of the **original period** of leave and pay that you wish to cancel or vary.  *You must only complete the pay column if you have already declared that you are eligible for it.* | | | | | | | | | | | | | | |
| **Start Date** | | | | **End Date** | | | **Total Weeks** | | | | | | | |
| **Leave** | | | | **Pay** | | | |
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| Please provide details of the **new period** of leave and pay that you wish to cancel or vary.  *You must only complete the pay column if you have already declared that you are eligible for it.* | | | | | | | | | | | | | | |
| **Start Date** | | | | **End Date** | | | **Total Weeks** | | | | | | | |
| **Leave** | | | | **Pay** | | | |
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| **Section 3: Declarations of Eligibility** | | | | | | | | | | | | | | |
| Before you can request to vary leave you must have previously submitted both of the following forms:   * Declaration of Entitlement to Shared Parental Leave and Pay form * Request to Book Leave form. | | | | | | | | | | | | | | |
| **To be Completed by the Employee** | | | | | | | | | | | | | ✓ | |
| I confirm that I have already submitted the Declaration of Entitlement to Shared Parental Leave and Pay Form before completing this form. | | | | | | | | | | | | |  | |
| I confirm that I have already submitted to Request to Book Leave form before completing this form. | | | | | | | | | | | | |  | |
| I confirm that both parties are eligible for Shared Parental Leave and Pay | | | | | | | | | | | | |  | |
| Signed (Employee) |  | | | | Date | | |  | | | | | | |
| **Section 4: Confirmation of Change** | | | | | | | | | | | | | | |
| Please read each section, tick to confirm your understanding and sign below | | | | | | | | | | | | | | |
| **To be Completed by the Employee – Confirmation of Change** | | | | | | | | | | | | | | ✓ |
| I confirm that my partner has notified, or will notify, their employer of this change to the way we intend to share our Shared Parental Leave (and Pay, if applicable) entitlement and that the total number of weeks we intend to share does not exceed our initial joint entitlement. | | | | | | | | | | | | | |  |
| I have correctly notified the University of my entitlement and will comply with the notice requirement, as outlined in the Shared Parental Leave Policy, for any periods of leave varied. | | | | | | | | | | | | | |  |
| The information I have provided is accurate and I will immediately inform the University if I cease to care for the child or if my eligibility to Shared Parental Leave changes or ceases. | | | | | | | | | | | | | |  |
| Signed (Employee) |  | | | | | Date | | |  | | | | | |
| **To be Completed by the Other Parent - Confirmation of Change** | | | | | | | | | | | | | | ✓ |
| I confirm that my partner (the employee) and I have chosen to change the way we will share our Shared Parental Leave entitlement and that this has been accurately recorded under Section 2. | | | | | | | | | | | | | |  |
| I confirm that I have notified, or will notify, my employer of this change to the way we intend to share of Shared Parental Leave (and pay, if applicable) entitlement and **that** the total number of weeks we intend to share does not exceed our initial joint entitlement. | | | | | | | | | | | | | |  |
| Signed |  | | | | | Date | | |  | | | | | |
| **Section 5: Summary of Shared Parental Leave/Pay Balance** | | | | | | | | | | | | | | |
| Please provide details below to summarise your Shared Parental Leave and Pay balance. Again, please only complete the pay column if you are eligible: | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Leave** | | **Pay** | | |
| As notified in my Declaration of Entitlement to Shared Parental Leave (or any subsequent notification to change my amount), the total amount of weeks I intend to take is: | | | | | | | | | |  | |  | | |
| The amount I have already taken (prior to this request) is: | | | | | | | | | |  | |  | | |
| This request amounts to a total of: | | | | | | | | | |  | |  | | |
| If this request is approved, my remaining balance will be: | | | | | | | | | |  | |  | | |
| Signed (Employee) |  | | | | | Date | | | |  | | | | |
| **Please send your completed form to the HR Department – HR@hud.ac.uk**  ***Please keep a copy for your own records as you may need to refer to it in the future.*** | | | | | | | | | | | | | | |