|  |  |
| --- | --- |
| **Shared Parental Leave: Maternity / Adoption Leave Curtailment Notice** | |
| **Name of employee:** |  |
| **Employee Number:** |  |
| **Job title:** |  |
| I wish to bring my maternity leave / adoption leave and maternity / adoption pay to an end to be able to take shared parental leave.  I have also completed:  Form 2 - a notice of entitlement and intention to take shared parental leave - mother  or  Form 3 –a notice of entitlement and intention to take shared parental leave – partner | |
| I wish to end my maternity / adoption leave on: |  |
| I wish my maternity / adoption pay period (if applicable) to end on: |  |
| **Signed:** |  |
| **Dated:** |  |
| **Manager’s Name:** |  |
| **Manager’s Job Title:** |  |
| **Manager’s Signature:** |  |
| **Notes**  Please think very carefully before you submit this form. Once the form is submitted, you can withdraw your maternity / adoption leave curtailment notice only 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 the Council; * two weeks after you give birth / placement; and * one week before what would have been the end of your additional maternity / adoption leave.   **Once the form is completed by both the employee and line manager it should be sent to Serco Payroll.** | |