

**Notice to Curtail or Reduce Maternity/Adoption Leave**

**Note to the Employee:** You can use this form to give notice to curtail (end) your maternity/adoption leave. When completed in full, and countersigned by your manager, this form should be emailed to [People and OD](mailto:PeopleSupport.PHW@wales.nhs.uk).

Please note that this curtailment notice must be completed **28 days notice before** the date you wish to curtail your maternity/adoption leave to take Shared Parental Leave.

In order to take Shared Parental Leave, you must have ended your maternity/adoption leave, or given notice to your employer that you will be reducing your maternity/adoption leave and confirming when your maternity/adoption leave will come to an end.

**Please note that this notice is binding and cannot be withdrawn, except in the following circumstances:**

If you have given notice to curtail your maternity or adoption leave, you may only revoke (withdraw) the notice if you have not returned to work, the curtailment date has not passed, and one of the following circumstances apply:

• Where it is discovered, in the 28 days following the notice, that neither you, nor your partner, has any entitlement to shared parental leave or pay.

• In the event of the death of your partner.

• (for mothers only) If the notice was given before the birth, and you revoke your maternity leave curtailment notice in the six weeks following the birth.

**It is therefore advised that you discuss your wish to end your maternity/adoption leave period in order to take shared parental leave with your manager before submitting this form.**

|  |  |  |
| --- | --- | --- |
| **Part 1 – Personal Details ( to be completed by Employee)** | | |
| Name of employee: | |  |
| Employee number: | |  |
| National Insurance Number: | |  |
| Home address: | |  |
| Email address: | |  |
| Home Contact Telephone Number: | |  |
| Job Title: | |  |
| Department: | |  |
| Band / Grade: | |  |
| Hours of Work: | |  |
| Work Contact Telephone Number: | |  |
| Start date with Public Health Wales: | | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Start date with the NHS: | | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Do you have more than one post with Public Health Wales (please delete as appropriate): | | Yes / No  If Yes please give details: |
| I hereby give 28 days notice to curtail my Maternity/Adoption Leave period on  \_\_\_\_/\_\_\_\_/\_\_\_\_  I understand that this notice is binding and cannot be changed except in exceptional circumstances as detailed in the Shared Parental Leave Procedure and as above. | | |
| Signed: |  | |
| Date: |  | |

**Now PROVIDE this Application to your manager**

|  |  |
| --- | --- |
| **Part 2 – For completion by Line Manager**  **(please sign to confirm receipt)** | |
| Full Name (Please print): |  |
| Job Title: |  |
| Signed:  Date: |  |

**Now EMAIL this application to** [**People and OD**](mailto:%3cPeopleSupport.PHW@wales.nhs.uk%3e)

|  |  |
| --- | --- |
| **Part 3 – For completion by People and OD** | |
| People and OD Signature: |  |
| Date of receipt: |  |

**Notes:**

Part 1 – to be completed by Employee and provided to Line Manager

Part 2 – to be completed by Line Manager and emailed to People and OD