# Shared Parental Leave - Form 1: Maternity/Adoption Leave Curtailment Notice

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 LCC;
* two weeks after you give birth/placement; and
* one week before what would have been the end of your additional maternity/adoption leave.

**Employee details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | |  |  | |  | |  |
| First name | Click | | | | | | | | | | | |  | Surname | | Click | |  |
|  | | | | | | | | | | | | | | | | | | |
| Resource ID | 2 |  |  |  |  |  |  |  |  |  |  |  | | | Post title | | Click |  |
|  |  | | | | | | | | | | | |  |  | |  | | |

**Leave details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) | | | | | |  |
|  | |  | | | | | | |
|  |  | Form 3 - a notice of entitlement and intention to take shared parental leave (partner) | | | | | |  |
|  | |  | | | | | | |
|  | I wish to end my maternity / adoption leave on: | |  | / |  | / |  |  |
|  | | | DD |  | MM |  | YYYY |  |
|  | | | | | | | |  |
|  | I wish my maternity / adoption pay period\* to end on: | |  | / |  | / |  |  |
|  | | | DD |  | MM |  | YYYY |  |
|  | | |  |  |  |  |  | \*If applicable |

**Approval**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
|  | Employee signature | Click |  | Date |  | / |  | / |  | |  |
|  |  |  |  | DD |  | MM |  | YYYY | |  |
|  |  |  |  |  |  | | | | | |  |
|  | Line Manager signature | Click |  | Date |  | / |  | / |  | |  |
|  |  |  |  | DD |  | MM |  | YYYY | |  |
|  |  |  |  |  |  |  |  |  |  | |
|  | Line Manager’s post title | Click |  | | | | | |  | | |
|  |  |  | | | | | | | | |  |

Please submit the completed form to the relevant email address:

[People\_Services\_Corp@lincolnshire.gov.uk](mailto:People_Services_Corp@lincolnshire.gov.uk) (Corporate)

[LFR\_payroll@lincolnshire.gov.uk](mailto:LFR_payroll@lincolnshire.gov.uk) (Fire)

[schoolsteam@lincolnshire.gov.uk](mailto:schoolsteam@lincolnshire.gov.uk) (Schools)