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**Curtailment of Maternity Leave and Pay (for Mother's Employer)**

|  |  |
| --- | --- |
| **SECTION A: General** | |
| Please accept this as my notice to curtail my maternity leave and/or SMP. This form is accompanied by notification that either I intend to take SPL and/or ShPP or that my partner intends to take SPL and/or ShPP. I understand that my maternity leave will end on the date given in Section B and that my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B. I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C. | |
| Mother’s surname |  |
| Mother’s first name(s) |  |
| Child’s expected date of birth |  |
| Actual date of child’s birth (if born) |  |
| **SECTION B: Curtailing maternity leave** | |
| Date statutory maternity leave started/is intended to start |  |
| Date statutory maternity leave will come to an end |  |
| Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends |  |
| **SECTION C: Curtailing maternity pay (only complete if claiming ShPP)** | |
| Date SMP started/is intended to start |  |
| Date SMP will come to an end |  |
| Total number of weeks of SMP that will have been paid at the date that SMP ends |  |
| **SECTION D: Signature (must be completed)** | |
| Signature of mother |  |
| Date signed |  |

Shared Parental Leave Form 1