*University of Dundee*

**‘Curtailment Notice’ for Maternity/Adoption Leave and Pay**

[Hide Note: General document notes](http://uk.practicallaw.com/4-599-8165" \l "null)Note: General document notes

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This document should be used for an employee on maternity leave or adoption leave who wants to end their maternity or adoption leave and/or pay so that they (or their partner) can take shared parental leave and/or pay. It only applies where the child is due to be born or is placed for adoption on or after 5 April 2015. For further information on curtailment of maternity or adoption leave see [*Practice note, Shared parental leave: M must curtail her statutory maternity leave, SMP or MA (www.practicallaw.com/4-571-7405)*](http://uk.practicallaw.com/4-571-7405#a466913) and [*A must curtail their statutory adoption leave or SAP (www.practicallaw.com/4-571-7405)*](http://uk.practicallaw.com/4-571-7405#a1014414)).

If the employee wishes to take shared parental leave, this form should be accompanied by an opt-in notice. See the [*Notice of entitlement and intention to take shared parental leave (birth) (www.practicallaw.com/4-573-9105)*](http://uk.practicallaw.com/4-573-9105) or the [*Standard document, Notice of entitlement and intention to take shared parental leave (adoption) (www.practicallaw.com/4-587-3325)*](http://uk.practicallaw.com/4-587-3325).

For further materials on shared parental leave and pay, see [*Toolkit, Shared parental leave and pay (www.practicallaw.com/5-590-1686)*](http://uk.practicallaw.com/5-590-1686).

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*You should use this form to bring your maternity/adoption leave to an end where you are opting into the shared parental leave scheme. If you are receiving maternity/adoption pay you should also use this form to end your statutory maternity/adoption pay so that you and/or your partner can claim shared parental pay. Please read the guidance notes before completing.*

**Name: …………………………………**

**I would like my maternity/adoption\* leave to end on: ………………………… (leave curtailment date)** (\* *Delete as appropriate*)

**I would like my maternity/adoption\* pay to end on: ……………………… (pay curtailment date)** (\* *Delete as appropriate*)

**[ ] I am submitting a shared parental leave opt-in notice with this notice.**

**[ ] My partner has submitted a shared parental leave opt-in notice to their employer and I have completed the necessary declarations on that notice.**

(*Tick one of the above*)

**Signed…………………………….**

**Date……………………………….**

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| ***Guidance notes:***  1. *You must give this notice at least eight weeks in advance of the curtailment date(s)*.  2. *You cannot curtail maternity leave until at least two weeks and a day after birth [or four weeks and a day if you are a factory or workshop worker]. You cannot curtail adoption leave until at least two weeks after the start of the adoption leave*.  3. *If you submit this notice before birth, you can change your mind up to six weeks after birth (or before the curtailment date, whichever is sooner), if you tell us in writing*.  4. *You cannot curtail maternity or adoption leave less than one week before the end of the leave period, and you cannot curtail statutory maternity or adoption pay less than one week before the end of the pay period*.  5. *Statutory maternity and adoption pay can only be curtailed after a whole number of weeks. For example, if your pay period started on a Wednesday, the curtailment date must be a Tuesday*.  *For further information please see the Shared Parental Leave Policy or Shared Parental Leave or contact your HR Office.* |