**Form 1: Curtailment of maternity leave and pay (for mother or birth parent's employer – must be completed by mother or birth parent)**

|  |
| --- |
| **SECTION A:General (must be completed)** |
| Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take ShPL and/or ShPP.I understand my maternity leave will end on the date given in Section B and 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 or birth parent’s first name(s) |  |
| Mother or birth parent’s last name  |  |
| Expected date of child’s birth |  |
| Actual date of child’s birth (if born) |  |
| **SECTION B:Curtailing maternity leave (must be completed)** |
| Start date of statutory maternity leave |  |
| End date of statutory maternity leave |  |
| Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends |  |
| **SECTION C:Curtailing statutory maternity pay (SMP) (only if claiming ShPP)** |
| Start date of SMP |  |
| End date of SMP |  |
| Total number of weeks of SMP paid by date SMP ends |  |
| **SECTION D:Signature (must be completed)** |
| Signature of mother or birth parent |  |
| Date signed |  |