



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Maternity/Adoption Leave Curtailment Notice

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.

You can use this form to give notice to curtail (end) your maternity leave. When completed in full and countersigned by your manager this form should be returned to the HR Advisory Team.

Please note that this curtailment notice must be completed at least 8 weeks before the date you wish to curtail your maternity /adoption leave to take Shared Parental Leave.

Please note that this notice is binding and can not be withdrawn (except in certain circumstances). 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 this UHB:	___/___/___
Start date with the NHS:	___/___/___
Do you have more than one post with the UHB (please delete as appropriate):	Yes / No If Yes please give details:
I hereby give at least 8 weeks 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	
Signed:	
Date:	

NOW PASS THIS APPLICATION TO YOUR MANAGER

Part 3 - For use by Line Manager (please sign to confirm receipt)

Full Name (Please print):	
Job Title:	
Signed:	
Date:	

NOW FORWARD THIS APPLICATION TO THE HUMAN RESOURCES DEPARTMENT

Part 3 - For use by Human Resources Department

HR Officer Name (Please print):	
HR Officer Signature:	
Date of receipt:	

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2 - to be completed by Line Manager and forwarded to Human Resources Advisory Team, Lakeside Officer, UHW