



GIG
CYMRU
NHS
WALES

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

Variation of Period of Leave Notice Form

You can use this form to vary or cancel a period of leave notice to take shared parental leave. Any variation must be made at least eight weeks before the dates varied begin.

You must have previously provided the UHB with a [Shared Parental Leave Application Form](#).

It is advised that you think carefully before submitting any applications to vary or cancel a period of leave notice as opportunities to amend requests are limited. Apart from in exceptional circumstances, you can submit a period of leave notice or a notice that you have changed your mind about shared parental leave dates for a combined total of three occasions only (this includes the initial Period of Leave notice request made).

Part 1 - Personal Details (to be completed by Employee)

Name of employee:	
Employee number:	
Home Contact Telephone Number:	
Job Title:	
Department:	
Band / Grade:	
Work Contact Telephone Number:	

I have previously provided the UHB with notice of my proposed shared parental leave in a period of leave notice dated ____/____/____ that I would be taking the following period of shared parental leave:

one continuous block of leave from ____/____/____ to ____/____/____

Or

The following discontinuous blocks of leave

____/____/____ to ____/____/____
____/____/____ to ____/____/____
____/____/____ to ____/____/____

I wish to withdraw this request and amend my shared parental leave request as follows:

I wish to take one continuous block of leave from ____/____/____ to ____/____/____

Or

The following discontinuous blocks of leave

____/____/____ to ____/____/____
____/____/____ to ____/____/____
____/____/____ to ____/____/____

Or

I wish to withdraw my request as I no longer wish to take shared parental leave. (I understand that if I have submitted a curtailment notice I am not able to restart my maternity / adoption leave).

I have already notified the UHB of the following periods of statutory shared parental leave pay (if applicable):

____/____/____ to ____/____/____
____/____/____ to ____/____/____

____/____/____ to ____/____/____	
Signed:	
Date:	

NOW PASS THIS APPLICATION TO YOUR MANAGER

Part 2 - For use by Line Manager

Date of Receipt of this Period of Leave Notice ____/____/____

I agree to the dates requested in this Variation of Period of Notice form (n.b. to be ticked for all single block requests)

Or

(discontinuous blocks only) I am unable to authorise the dates requested in this Variation of Period of Leave notice (please state reasons below) (n.b. can only be rejected where discontinuous blocks only are requested)

Or

(discontinuous blocks only) I am unable to agree to the request in full, however the following alternative dates are proposed. Employee should sign below when alternative dates are agreed

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

For Use where alternatives dates have been proposed

I agree to the alternative dates as proposed by my manager above

Employee's signature	
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Date of receipt:	
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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 on completion:

Part 1 – to be completed by the Employee and forwarded to Line Manager

Part 2 – to be completed by Line Manager

Original completed form to be returned to employee, copy to be kept on Personal File and

Copy of completed form to be forwarded to Human Resources Department