

**APPLICATION FOR ADOPTION LEAVE**

**EMPLOYEES WITH LESS THAN 12 MONTHS SERVICE AT EXPECTED WEEK OF PLACEMENT**

Name.....

School/Discipline/Directorate.....

Start Date .....

**Section 1. Employees intending to return to work**

I hereby apply for adoption leave and statutory adoption pay.

My expected date of placement is .....

I intend to commence adoption leave on .....

I propose to return to work on .....

I enclose my Adoption matching paperwork

or

I enclose a copy of the MATB1 issued to the surrogate mother

I understand that as I have less than 12 months service I am not eligible for the University's occupational adoption pay.

I undertake to confirm in writing my intention to return to employment at least 8 weeks before the proposed date indicated on this form.

Signed ..... Date .....

**Section 2. Employees not intending to return to work**

I hereby apply for adoption leave and statutory adoption pay.

My expected date of placement is .....

I intend to commence adoption leave on .....

I enclose my Adoption matching paperwork

Or

I enclose a copy of the MATB1 issued to the surrogate mother

I understand that as I have less than 12 months service I am not eligible for the University's occupational adoption pay.

I understand that as I have indicated that I will not be returning to work following my adoption leave my employment with the University will be terminated on the date of the last payment of statutory adoption pay.

Signed .....

Date.....