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| https://www.qub.ac.uk/home/brand/file-store/Filetoupload,775229,en.jpg |  |  |

ADOPTION LEAVE NOTIFICATION FORM – Where a child is matched and placed for adoption within the UK

This form can be made available in large print and alternative formats, where required, on request from the HR Hub, tel: 02890 973000.

Please return this form to the HR Hub no later than 7 days after notification by the adoption agency of having been matched with a child for adoption. This form must be accompanied by a Matching Certificate. Adoption payments can only be made when the Matching Certificate has been received.

If it is not possible to give the required notice, please complete this form as soon as possible and return it to the HR Hub, Level 4, Administration Building. Alternatively an electronic copy can be emailed to [hrhub@qub.ac.uk](mailto:hr@qub.ac.uk).

I HAVE READ THE ADOPTION LEAVE PROCEDURE AND WISH TO ADVISE OF THE FOLLOWING

Section 1 – Arrangements

|  |  |
| --- | --- |
| The expected date of the placement of the child is: | (dd/mm/yyyy) |
| ORDINARY ADOPTION LEAVE  I wish to take \_\_\_\_\_ weeks Ordinary Adoptive Leave (OAL) (maximum available 26 weeks). | |
| My OAL will commence on: | (dd/mm/yyyy) |
| My OAL will end on: | (dd/mm/yyyy) |
| ADDITIONAL ADOPTION LEAVE - Please indicate if you wish to add any Additional Adoption Leave (AAL) to the end of your OAL period  I wish to add \_\_\_\_\_ weeks paid AAL to the end of my OAL period (maximum available 13 weeks)  I wish to add a further \_\_\_\_\_ weeks unpaid AAL (maximum available 13 weeks) | |
| My AAL will commence on: | (dd/mm/yyyy) |
| My AAL will end on: | (dd/mm/yyyy) |
| HOLIDAY ENTITLEMENT – Please indicate if you wish to add any holiday entitlement to the end of your adoption leave period  I wish to add \_\_\_\_\_\_\_ days holiday leave entitlement to the end of my adoption leave period. | |
| My holiday leave will commence on: | (dd/mm/yyyy) |
| My holiday leave will end on: | (dd/mm/yyyy) |
| Note:   1. If taking Additional Adoption Leave, holidays cannot be taken until the end of this period. | |

PLEASE ENSURE THAT THE DETAILS BELOW ARE ALSO COMPLETED AND THAT YOU HAVE ADVISED YOUR HEAD OF SCHOOL/DEPARTMENT/UNIT OF THE ABOVE BEFORE RETURNING THE FORM.

Section 2 – Applicant Details

|  |  |
| --- | --- |
| Full name: (PRINT) |  |
| Staff ID: |  |
| Position: |  |
| School/Department/Unit: |  |
| Staff Category (eg. Academic, Clerical) |  |
| Applicant’s Signature: |  |
| Date: |  |

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| For Official Use Only |
| Date received by People and Culture Directorate  Database entry |

On receipt of approval the People and Culture Directorate will write to the member of staff.

The original application will be retained on the individual’s personal file.

The University is committed to promoting equality of opportunity for all staff irrespective of their sex, marital status, perceived religion, political opinion, racial group, sexual orientation, age, having a disability or having dependants.

The information contained on this application form will be used in conjunction with information already held on the Diversity and Inclusion Unit’s database to monitor the take-up of and the impact of the University’s work life balance/family friendly arrangements and the implementation of its Equality and Diversity policy.