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| **Application for adoption leave and pay –** *revised January 2016* |
| All employees, regardless of their length of service, have the right in law to take up to:* 26 weeks' ordinary adoption leave, and
* up to a further 26 weeks' additional adoption leave, and
* to resume work afterwards so long as the duration of their contract allows them to do so.

An employee is therefore entitled to a total period of 52 weeks’ adoption leave. Additional adoption leave follows on immediately from the end of the period of ordinary adoption leave.**Shared Parental Leave** – this enables an adopter, having taken two weeks’ adoption leave, to choose to bring to an end their adoption leave, and share the remaining leave and pay with the other parent or their partner (including same sex partner) so long as they meet certain eligibility criteria. An employee will need to complete separate documents for any periods of shared parental leave they intend to take and these are available on the HR web pages or from the HR Department.**Useful terms in this document**:**Matching certificate/date –** a certificate or letter from the adoption agency setting out the date when an employee has been matched with a child/ren to be placed with them by a UK adoption agency **KIT days** - Keeping In Touch Days are mutually agreed between you and your line manager, which enable an employee on adoption leave to come into work for up to 10 days without losing their statutory adoption pay **SAP**: Statutory Adoption Pay for an employee:* 90% of an employee’s gross average weekly earnings for the first 6 weeks, followed by
* current rate of SAP of £139.58 (April 2015) a week, or 90% of their gross average weekly earnings (whichever is the lower) for the next 33 weeks

Please complete the form as far as you are able and bring it along with you to the meeting organised with your ‘named’ HR Adviser. |
| **Section One: Employee to complete:**  |
| 1 | Your Name:Dept/Institute:Current contract type:Permanent / fixed term / other please specify | Job Title:Line Manager’s name:Current contracted weekly hours: full /if part time please specify weekly hours |
| 2 | I wish to provide the University with details of my adoption leave:* *If adopting within the UK - no more than 7 days after the date on which you have been notified of having been matched with a child for the purposes of adoption*
* *If adopting from overseas – within 28 days of receiving your official notification and confirm the date the child is due to enter the UK*
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|  | I confirm I am in the process of being ‘matched’ with a child/ren for adoption, and expected date of placement is: | Day/Month/Year |
|  | I enclose documentary evidence of this in the form of a letter, or matching certificate which sets out the date on which the child/ren is to be placed with me. | Enclosed/to followplease circle as appropriate |
|  | My adoption leave will commence on: * *An employee adopting from within the UK can begin adoption leave from the date of the child’s placement, or on predetermined date up to 14 days before this.*
* *An employee adopting from overseas may choose to begin his or her adoption leave from the date of the child’s entry into Great Britain or from a predetermined date up to 28 days before placement.*
 | Day/Month/Year |
|  | My adoption leave will end on:*Longest period of adoption leave is 12 months* | Day/Month/Year |
|  | I do not intend to return to work after adoption and wish to resign on the grounds of adoption with effect from: | Day/Month/Year |
| 3 | Annual leave: |
|  | I will take the following days/hours annual leave directly before my adoption leave commences: | Day/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/Year |
|  | I will take the following days/hours annual leave directly following the end date of my adoption leave: | Day/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/Year |
|  | Optional – 10 Keeping In Touch days - I have mutually agreed with my line manager to come into work on the following dates | Day/Month/Year & Day/Month/YearDay/Month/Year & Day/Month/YearDay/Month/Year & Day/Month/YearDay/Month/Year & Day/Month/YearDay/Month/Year & Day/Month/Year |
| 4 | You will be compensated for Bank and/or fixed days of leave that fall during the period of your adoption leave; if you work part time this will be on a pro rata basis. |
|  | Please insert the dates of Bank and fixed days of leave that fall during this period:Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;I have agreed with my manager to take the following dates in compensation for this:Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; |
| 5 | **Adoption Pay** – There are 2 options: Occupational Adoption Pay or Statutory Adoption Pay. Please complete the appropriate option for you; an explanation of the qualifying requirements for each is provided. If you are not sure which to apply for please contact the HR Department for advice. |
| 5a | **Occupational adoption leave and pay – Option 1**I confirm that I wish to apply for and satisfy/will satisfy the requirements for occupational adoption leave and pay:* I will have 41 weeks service at the expected date of placement of the child/ren, and
* Give a commitment to return to work following my adoption leave, and
* I understand that if I do not return to work for at least 3 months I will be required to repay the occupational element of any adoption pay I have received
* I have provided the University with the required notice of my adoption– see item 2*.*
 |
|  | I intend to take the following occupational adoption leave and pay:* 4 weeks at full pay; followed by
* 2 weeks at 90% of full pay; followed by
* 20 weeks at 50% of full pay plus Statutory Adoption Pay; followed by
* 13 weeks paid at Statutory Adoption Pay
* 13 weeks unpaid leave
 | *Please insert dates against the relevant periods of leave below:*Day/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/Year |
| 5b  | **Statutory adoption leave and pay – Option 2**I confirm that I wish to apply for and satisfy/will satisfy the requirements for statutory adoption leave and pay:* I am newly matched with a child for adoption by an approved adoption agency;
* I will have been employed by the University for at least 26 weeks at the end of the week leading into the week in which I have been notified of the match with a child/ren for adoption;
* I meet the lower earnings limit for NI contributions requirements (details available from the Payroll Manager in Finance);
* I have provided the University with the required notice of the adoption:
* *If adopting within the UK - no more than 7 days after the date on which you have been notified of having been matched with a child for the purposes of adoption*
* *If adopting from overseas – within 28 days of receiving your official notification and confirm the date the child is due to enter the UK*
 |
|  | I intend to take the following statutory adoption leave and pay:* First 6 weeks is paid at higher rate SMP equivalent to 90% of employee’s average weekly earnings calculated over period of 8 weeks
* 33 weeks is paid at Standard rate of SAP £139.58 (April 2015) a week, or 90% of employee’s gross average weekly earnings (whichever is the lower)
* 13 weeks unpaid leave
 | *Please insert dates against the relevant periods of below:*Day/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/YearDay/Month/Year to Day/Month/Year |
| 5c  | **For employees with less than 26 weeks continuous service**If an employee does not meet the requirements for either of the above schemes, they may be able to seek financial assistance and support from their adoption agency or local authority. Further information is available through local Job Centre Plus or Social Security Offices. |
| 6**Confirmation ,** *please tick boxes as appropriate** I confirm I have discussed these arrangements with my line manager 🞎
* I confirm I would like a mentor on my return to work following my

Adoption leave and will discuss this with my manager 🞎**Employee’s Signature Date:** Day/Month/Year |
| Section Two: HR to Complete |
|  | Named HR Adviser |  |
|  | Risk Assessment Completed |  |
|  | Completed form received |  |
|  | Draft letter sent to employee |  |
|  | Letter agreed and issued |  |
|  | Copies to Payroll and Line Manager Issued |  |
|  | Recruitment Team advised |  |
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