Please use this form to provide notification of an upcoming period of Adoption Leave. You are advised to read the [Adoption Procedure](http://www.abdn.ac.uk/staffnet/documents/policy-zone-family-friendly/Adoption_Leave_Procedure_June_2015_.pdf) before completing this form.

This Adoption Leave Application Form must be completed within **7 days** of receiving notification from the adoption agency that it has matched you with a child.

Please attach a copy of your **Matching Certificate** to this form. If you have not yet received your Matching Certificate, you must ensure it is submitted at least 28 days before your Adoption Leave commences.

Please submit this form to Human Resources – Employment Services Centre: HRESC@abdn.ac.uk

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| **Section A PERSONAL DETAILS (to be completed in block capitals)** |
| **Employee ID Number:** |
| **Continuous Service Date:**        |
| **Title:**       **First Name(s):**       **Last Name:**        |
| **Date of Birth:**       **National Insurance Number:**               |
| **Address:**            **Post Code:**      **Contact Telephone Number:**       **Email:**       |
| **Post Title:**           |
| **Name of Line Manager:** Title:       First Name:       Last Name:        |
| **Line Manager Post Title:**       |
| **School:** Choose an item | **Section:** Choose an item |

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| **Section B MANAGEMENT RESPONSIBILITIES**  |
| **Are you a line manager?** [ ]  NO**[ ]** YES**If YES, who do you line manage?**1. Name of Employee

Post Title:      1. Name of Employee

Post Title:      1. Name of Employee

Post Title:      1. Other Employees
 |

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| **Section C KEY DATES** |
| **Expected Placement Date** | Date: Click here to enter a date |
| **Start Date of Adoption Leave and Pay** | Date: Click here to enter a date |

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| **Section D EMPLOYEE DECLARATION** |
| **Declaration a – Returning to Post (Occupational Adoption Benefits)**[ ]  I confirm I will be returning to post and utilising Option 1a[ ]  I confirm I will be returning to post and utilising Option 1bEmployee Undertaking:I undertake to return to the employment of the University of Aberdeen for a minimum period of 6 months after the expiry of all leave for adoption purposes. I understand that if I fail to comply with this undertaking I will be required to reimburse the University’s Occupational Adoption Pay paid to me over and above Statutory Adoption Pay (SAP).**Signed:**       **Date:** Click here to enter a date **or****Declaration b – Returning to Post (Statutory Adoption Benefits)**[ ]  I confirm I will be returning to post and utilising Option 2**Signed:**       **Date:** Click here to enter a date **or****Declaration c – Undecided (Option 3)**[ ]  I confirm I am undecided about returning to work after my period of adoption leave.I understand that my HR Adviser will contact me 6 weeks after my Matching Week to request confirmation of my decision. I confirm that I will respond within 2 weeks of their request.**Signed:**       **Date:** Click here to enter a date **or****Declaration d – Not Returning to Post (Option 4)**[ ]  I confirm I will not be returning to workI understand that I have the right to return to my post with the University of Aberdeen but have decided that I do not wish to return. I have enclosed a letter of resignation as per my contract of employment.**Signed:**       **Date:** Click here to enter a date |

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| **Section E EMPLOYEE DECLARATION** |
| I have read the University of Aberdeen’s Adoption Leave Procedure and understand my entitlement. I accept the conditions under which these provisions are granted and now wish to apply for pay/leave in accordance with Option Choose an option of the Procedure. **Signed:**       **Date:** Click here to enter a date |