

ADOPTIVE LEAVE STANDARD FORM

ADOPTION DECLARATION FORM

This notification must be submitted at least 4 weeks before the expected date of Adoptive Leave. Please refer to the Adoptive Leave Policy for our People.

Name: _____

Position: _____

Colleague No: _____

Dept: _____

Line Manager: _____

All adopting mothers and sole male adopters can take adoptive leave for the minimum period of 24 consecutive weeks. There is an option of taking an additional 16 weeks.

Expected dates of Adoptive Leave*:

From: Day _____ Month _____ Year _____

To: Day _____ Month _____ Year _____

*It is understood that these are expected dates and some flexibility will be given where a baby arrives early or late.

Signed: (Colleague) _____ Date: _____

Signed: (Employer) _____ Date: _____

ADOPTIVE LEAVE STANDARD FORM

Confirmation of Adoptive Leave

**To be completed by the Employer before the commencement of the leave
concerned.**

Name of Colleague: _____

Position: _____

Colleague No: _____

Dept: _____

Line Manager: _____

Approved Date of Commencement: _____

Duration of Leave: _____

Signature of Employer / Manager: _____

Signature of Colleague: _____

Date: _____

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