APPLICATION FOR ADOPTION LEAVE FORM

**You are entitled to adoption leave regardless of your hours of work if you:**

1) Have been newly matched with a child by an approved adoption agency and are the Primary Adopter.

2) You are the parental order parent and have or are applying for a parental order in a surrogacy arrangement.

3) Complete and submit this form to your Line Manager, together with a

matching certificate (or parental order in the case of a surrogacy arrangement), within 7 days of being notified by the adoption agency that you have been matched with a child for adoption, or as soon as possible.

**NOTE: If you do not complete and submit this form along with the original copy of the matching certificate/parental order (whichever applies) within the required timescale, you may not be entitled to adoption leave.**

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME (in full):** |  |
| **PAYROLL NUMBER:** |  |
| **HOME ADDRESS:** |  |
| **DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |
| **START DATE WITH ABERDEEN CITY COUNCIL\*:** |  |
| **PUBLIC AUTHORITY CONTINUOUS SERVICE \* START DATE:** |  |
| **EMPLOYMENT STATUS:** | **PERMANENT / FIXED TERM \*** |
| **ANNUAL SALARY:**  | **£** |
| **HOURS PER WEEK:** |  |
| **HOURLY RATE:** | **£** |
| **ESSENTIAL CAR USER:** | **YES / NO \*\*** |
| **SALARY SACRIFICE SCHEME MEMBER\*\*\*:** | **YES / NO \*\*** |
| **I INTEND TO LEAVE THE SALARY SACRIFICE SCHEME BEFORE STARTING ADOPTION LEAVE:** | **YES / NO / N/A \*\*** |

**\*For adoption pay purposes, continuous service means continuous service with Aberdeen City Council or a public authority as listed in the Redundancy Payments (Continuity of Employment in Local Government etc) (Modification) Orders (which covers local authorities and related bodies).**

**\*\* Delete as applicable**

**\*\*\* If you wish to opt out of a salary sacrifice scheme before going on adoption leave, you should do so by the beginning of the 8th week before the matching week or expected week of birth for surrogacy. See the Adoption Guidance for further details.**

**2. NOTIFICATION**

I have been informed by an adoption agency that I have been matched with a child for adoption and wish to apply for adoption leave/have or am applying for a parental order in a surrogacy arrangement. I attach the original copy of the matching certificate/parental order (whichever applies) as evidence.

**3. START OF ADOPTION LEAVE PERIOD**

The child’s date of placement is (date): **…....................................……….**

The expected week of birth for surrogacy (date): **…....................................……….**

I intend to start my adoption leave period on (date): **…....................................……….**

* Note: Your adoption leave can start no later than the date of the child’s placement (or the day after that if you are at work on that day) or from a fixed date up to 14 days before the expected date of placement or expected week of birth for surrogacy.
1. **ARRANGEMENT FOR PAYMENT OF 12 WEEKS AT 50% OCCUPATIONAL ADOPTION PAY (please tick the appropriate box)**

This only applies to employees who have 26 weeks’ continuous service (see guidance for definition and further details) or more by the week in which they are notified of being matched with a child for adoption/the expected week of birth for surrogacy (whichever applies).

|  |  |  |
| --- | --- | --- |
|  |  | Please **pay me** 12 weeks at 50% Occupational Adoption Pay. If I don’t return to work for a period of 3 completed months at the end of my adoption leave, I understand that I will be required to pay back this money (repaid on a pro rata basis if I return for less than 3 completed months). |
|  |
|  |  | Please **do not pay me** 12 weeks at 50% Occupational Adoption Pay. If I return to work for a period of 3 completed months at the end of my adoption leave, I understand that I will be paid this money (paid on a pro rata basis if I return for less than 3 completed months). |
|  |
|  |

1. **SIGNATURE**

I would like to apply for adoption leave as the **Primary Adopter/Parental Order Parent** (delete as applicable) in accordance with the information that I have provided.

Signed: …...............................…………............. Date: ….......................................

**Once completed and signed by the employee, this form should be sent to the HR Service Centre by the Line Manager.**

**HR SERVICE CENTRE USE** Information Verified Initials….......... Date:……..........

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of placement/expected week of birth for surrogacy** |  | **Adoption leave start date** |  | **Return to Work date** |  |

Letter sent to employee and copied to Payroll: Initials …..................... Date:…....................