

**Adoption Statement - Confidential**

THIS STATEMENT MUST BE LODGED WITH HUMAN RESOURCES WITHIN 7 DAYS OF THE ADOPTER BEING NOTIFIED BY THE ADOPTION AGENCY THAT S/HE HAS BEEN MATCHED WITH A CHILD

I enclose a Matching Certificate confirming that I have been matched with a child for adoption and give notice that **\*I wish/do not wish** to return to work with the University at the end of my adoption leave and any period of shared parental leave.

Please accept this notification as an application for adoption leave. I will commence my adoption leave on .... / .... /…. , as agreed with my line manager.

*Please tick your entitlement level and pay option:*

[ ]  **I am not eligible to receive Statutory Adoption Pay (SAP)**

[ ]  **Option 1 -** 8 weeks full pay, 18 weeks half pay, 26 weeks unpaid leave.

[ ]  **Option 2 -** 17 weeks full pay, followed by 35 weeks unpaid leave.

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[ ]  **I am eligible to receive Statutory Adoption Pay (SAP)**

[ ]  **Option 1 -** 8 weeks full pay, 18 weeks half pay plus SAP, followed by 13 weeks SAP only, followed by 13 weeks unpaid leave.

[ ]  **Option 2 -** 17 weeks full pay, followed by 22 weeks SAP only, followed by 13 weeks unpaid leave.

*Please note that if you do not take 52 weeks’ leave, the above periods will be reduced accordingly e.g. an employee taking 26 weeks of leave would receive either (i) eight weeks’ full pay and 18 weeks’ half pay or (ii) 17 weeks on full pay followed by 9 weeks on SAP (if eligible).*

I intend my adoption leave to end on …./…./… (*If left blank, it is assumed that adoption leave will be*

*52 weeks in total. If you wish to change your return date, eight weeks’ notice is required. If you would like to take a period of shared parental leave you need to submit the relevant forms set out in the SPL section of the Supporting Family Life Overarching Policy.*)

Signed ............................................................. Date .............

School/Directorate .................................................................

