F068e\_2016

|  |  |
| --- | --- |
| **ADOPTION LEAVE APPLICATION FORM** | |
| FULL NAME: ………………………………………………………………………………………  SCHOOL / DEPARTMENT: ……………………………………………………………………….  PAYROLL No: ………………………….. E-MAIL: ………………………………………...  HEAD OF SCHOOL / LINE MANAGER’S NAME: ………………………………………..  HEAD OF SCHOOL / LINE MANAGER’S SIGNATURE ………………………………………  You must inform your Head of School of your intention to take leave | |
| This is to notify BU that I am adopting a child. I  am applying for University Adoption Leave.  I am expected to be placed with the child on:  …………………………………………………………  I have already forwarded / enclose/ will forward my matching certificate. | You will be protected from suffering a detriment or unfair dismissal for reasons  related to taking, or seeking to take, adoption leave.  You must produce a matching certificate from the adoption agency with which you are adopting a child. |
| I wish to start my adoption leave on:  ………………………………………………………… | You must inform us of your intention to take adoption leave within 7 days of being notified by your adoption agency of having being placed with a child for adoption. |
| I intend to return to work at the end of my  Statutory / University Adoption leave:  YES/NO\* | If you intend to return early, you will need to give 8 weeks of your intention. |
| Would you like your Line Manager to send you copies of documentation relating to any important changes in the workplace which may directly affect you, or any other workplace related documentation e.g., minutes of meetings (please circle)?   YES / NO |  |
| Signed and Dated: …………………………………………………………………………… | |

Return by email or post to: Catherine Hughes, Human Resources (Catherine.hughes@bangor.ac.uk)