# *This template of the Adoption Leave Form is issued by the Connexional Team and may be used and amended by the Districts/ Circuits and Churches to suit their particular local circumstances. Text in BLUE font should be adjusted.*

**ADOPTION LEAVE FORM - Template**

Please complete and return to line manager/other with your Matching Certificate within seven days of receiving notification that you have been matched with a child or as soon as it is reasonably practical to do so.

Surname: Forenames:

Job Title:

Date notified of being matched with a child: [date]

Name of child: Date of birth: [date]

Details of Adoption Agency

(name & address)

Expected date of placement: [date]

Date you notified the Agency of your agreement to placement: [date]

Date you intend to commerce adoption leave: [date]

|  |  |
| --- | --- |
| Please tick one of the following statements | |
| I wish to take 26 weeks ordinary adoption leave with 26 weeks statutory adoption pay. I understand that I need to give 8 weeks’ written notice, if I wish to return early from adoption leave. | 🞐 |
| I wish to take up to 52 weeks adoption leave with (39 weeks statutory adoption pay).  I understand that I need to give 8 weeks’ written notice, if I wish to return early from adoption leave. | 🞐 |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_