**Appendix I - Adoption Leave Form**



**LEAVE DETAILS**

[ ]  I can confirm that I have been notified of a match by the adoption agency.

[ ]  I can confirm that I expect the child to be placed with me on:

…………………………………………………………………………………………………………………………………………………

And I wish my adoption leave to commence on:

…………………………………………………………………………………………………………………………………………………

[ ]  I can confirm that a copy of the ‘matching certificate’ provided by the adoption agency has been appended to this form.

[ ]  I confirm that I may subsequently change my mind about the commencement date of leave provided that 28 days written notice is given to my Head of Department (unless this is not reasonably practicable).

**YOUR DECLARATION *(Please print clearly)***

Surname:…………………………………………………………………………………..

First names (s):……………………………………………………………………………

Department:………………………………………………………………………………..

Are you a Tier 2 or Tier 5 visa holder? Y/N..…………………………….

Payroll No: (if known)…………………………………………………………………….

Please forward this form and a copy of the matching certificate to your Head of Department for approval.

**HEAD OF DEPARTMENT APPROVAL**

The above dates have been discussed and the leave can be accommodated within the Department. I therefore agree to this request.

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

Please forward this form together with a copy of the matching certificate to the **Payroll Section** (payroll@aber.ac.uk) as soon as possible.