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| **APPLICATION FOR ADOPTION LEAVE– SJC/ Chief Officers/ Councillors****ADOPTING FROM WITHIN THE UK** |

To be completed by all Primary Adopters and sent to HRSS within at least 7 days of being notified by the Adoption Agency that you have been matched with a child for adoption (or as soon as is practicable in the circumstances). Please see section B of the Family Friendly Policy.

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| --- | --- |
| Full Name: |  |

|  |  |
| --- | --- |
| Home Address: |  |
|  |
| Post Code: | Home Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Tel No: |  | Work Tel No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No :  |  | Department: |  |

|  |  |
| --- | --- |
| Name of Line Manager  |  |

|  |  |
| --- | --- |
| Line ManagerInformed | Yes/No (Please delete as appropriate)If no please do so as soon as possible. |

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| --- | --- |
| 1. | Adoption Matching Certificate □ Attached □ To Follow  |

*If not attached, please submit as soon as possible. Failure to do so could delay your adoption pay arrangements.*

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| 2. | *I understand that to be eligible for Adoption Leave & Pay I must:** Have been newly matched with a child by an approved adoption agency and
* Have worked continuously for SBC/ been an elected member of SBC for 26 weeks beginning with the week in which I have been notified of being matched with a child for Adoption and
* Begin Adoption Leave from the date of placement or from a fixed date up to 14 days before the expected date of placement.

Signature:……………………………………………………… Date: …………………………….. |

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| --- | --- | --- | --- |
| 3. | “I wish to start my Adoption Leave on” | Date: |  / / |

**OCCUPATIONAL ADOPTION PAY (OAP)**

Should you be entitled to receive 12 weeks at half of a week’s contractual pay, you may choose whether or not to receive this payment during your Ordinary Adoption Leave period.

If you choose to receive the payment you will be required to repay the sums received if you do not comply with the undernoted conditions. Please sign below to demonstrate your understanding of this and indicate your preference.

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| --- | --- |
| **OPTION 1 –****OAP** | “I wish to receive 12 weeks at half of a week’s contractual pay on my normal pay dates. I understand that if I do not return to work and remain at SBC for at least 3 months after my Adoption Leave, I must repay the full amount received less tax, etc.”. |
| Signed: |  | Date: |  / / |

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| **OPTION 2 –****OAP** | “I do not wish to receive 12 weeks at half of a week’s contractual pay during my Adoption Leave. I understand that if I return to work the sum due will be paid to me in a lump sum. I also understand that if I do not remain at SBC for at least 3 months after my return, I must repay the full amount received.” |
| Signed: |  | Date: |  / / |

**SHARED PARENTAL LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you intend to take Shared Parental Leave? |  | Yes □No □ |

**Please ensure a copy of this completed form is sent immediately to:**

 **HRSS, Old School Building, Newtown St Boswells.**

**E-mail: personnel@scotborders.gov.uk**