**Human Resources**

**Adoption Leave (including Surrogacy) Notification Form**

*Please discuss your plans for adoption leave with your line manager before completing this form and please email them a copy of this form. This form should be completed and sent electronically to the Payroll Team (*[*Fin.Div.Payroll@lse.ac.uk*](file:///C:\Users\TAGLIARI\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\EH05DZG4\Fin.Div.Payroll@lse.ac.uk)*) along with the Matching Certificate\* within 7 days of the employee being notified by the adoption agency that a child has been matched for adoption. The Payroll Team will confirm your adoption leave dates and any adoption pay entitlements due, in writing. Please ensure you have read the LSE's* [*Adoption Leave Policy*](http://www.lse.ac.uk/intranet/LSEServices/policies/pdfs/school/adoPol.pdf) *before completing this for.* ***Incomplete forms will not be accepted, please ensure all sections are fully completed.***

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| **Employee Details** (please enter the following details) | | | | | | | | |
| **Title** | enter text | **First name** | enter text | | | **Surname** | | enter text |
| **Home Address** | | Click or tap here to enter text. | | | | | | |
| **Contact Number** | | Click or tap here to enter text. | | | | | | |
| **Personal Email Address** | | Click or tap here to enter text. | | | | | | |
| **Payroll number** | | Click or tap here to enter text. | | | | | | |
| **Job title** | | Click or tap here to enter text. | | | | | | |
| **Are you a Visa Holder?** | | No | | Yes, Tier 2 | | | Yes, Tier 5 | |
| **Job Family** | | Choose an item. | | | **Area** | | Click here to enter text. | |

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| **Dates for Adoption Leave** | | | | | |
| **First Day of Adoptee Placement** | | Click here to enter a date. | | | |
| **Expected start date of adoption leave** | | Click here to enter a date. | | | |
| **A Matching Certificate confirming the above details:** | | Choose an item. | | | |
| The adoption agency will give you a Matching Certificate which will give you the expected date of matching. You must provide a scanned copy of the original form to the Payroll Team within 7 days of receiving it.  \*Where a child is being adopted from abroad, individuals should submit the Official Notification, which confirms that the Certificate of Eligibility has been granted. In surrogacy agreements, the notification of intention to take adoption leave should be made within seven days of the Parental Order being agreed and a copy of the Parental Order should be provided. | | | | | |
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| **Expected return date (back on Payroll)** | | Click here to enter a date. | | | |
| I understand that if I am taking less than the full 52 weeks' adoption leave entitlement, I should provide at least 8 weeks' notice in writing if I wish to return to work earlier or later than the date agreed above with my line manager and the School and I will need to complete a ‘Return to Work’ Form. | | | | | |
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| **Adoption Pay** | | | | | |
| Employees are eligible for Contractual Adoption Leave and Pay if they have continuously worked for the School for 26 weeks’ by the week they are matched with a child. If you are not eligible for Statutory Adoption Pay (SAP), the Payroll Team will give you a form SAP1 explaining why you cannot get Statutory Adoption Pay and you may get support from your local council instead. | | | | | |
| **Please choose one option from the drop-down list for your Adoption Leave and Pay** | | | | | Choose an item. |
| **Declaration of Employee** | | | | | |
| I wish to apply for adoption leave, as set out above and I confirm the information provided is correct.  I understand that should I wish to take annual leave in the standard leave year, I will book this in the usual manner. (Where possible and in agreement with your line manager, you should take any annual leave accrued prior to the start of your adoption leave, before you commence your adoption leave). | | | | | |
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| **Name** | Click here to enter text. | | **Position** | Click here to enter text. | |
| **Signature** | Click here to enter text. | | **Date** | Click here to enter a date. | |
| **Name of Line Manager(s)** | Click here to enter text. | | | | |

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| **HR/Payroll Team office use only** | | | |
| ***HR checklist*** | | | |
| Added on Adoption Leave spreadsheet | | | |
| ***Payroll Team checklist*** | | | |
| Visa status checked | | | |
| If Tier 2 or 5 check with Compliance team before implementing | | | |
| Create letter | | | |
| Resourcelink input | | | |
| **Completed by:** | | | |
| **Name** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |