ADOPTIVE LEAVE APPLICATION FORM

Section 1 – To be completed in full by the employee EMPLOYEE DETAILS:

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| --- | --- |
| **Name:** | **ID Number:** |
| **Department:** | **PPSN:** |
| **Home Address:** | **Work email:** |
| **Personal email:** |
| **Mobile no:** | **Full time: □****Part time: □** |
| **If part-time, please state pattern of working week:** |

**ADOPTIVE LEAVE REQUEST DETAILS:**

**Date Baby is due to be placed:**

(attach certificate of placement, if not available at time of application, it must be submitted no later than four weeks from the day of placement.

\***Proposed start date**

\*The start date of Adoptive leave is the date the child is placed with the adopting parent(s).

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| --- |
| **EMPLOYEE SIGNATURE – I declare that the information given above is accurate and complete** |
| **Signed: Date:**  |
| **Print Name:**  |

Section 2: To be Completed by Head of School/ Area

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| --- |
| **AUTHORISED SIGNATORY** |
| **Signed: Date:**  |
| **Print Name:**  |

NOTE:

Incomplete applications will **NOT** be processed and will be returned to the applicant.

END APPLICATION FORM