

**APPLICATION FOR ADOPTION LEAVE**

**EMPLOYEES WITH MORE THAN 12 MONTHS SERVICE AT EXPECTED WEEK OF PLACEMENT**

Name .....

School / Discipline / Directorate .....

Start Date .....

**Section 1. Employees intending to return to work**

I hereby apply for adoption leave and statutory adoption pay.

My expected date of placement is .....

I intend to commence adoption leave on .....

I propose to return to work on .....

I enclose My Adoption placement paperwork

or  
I enclose a copy of the MATB1 issued to the surrogate mother

I understand that I will:

1. return to the employment of the University of Dundee for a minimum period of 3 months following my adoption leave.
2. return to work within 52 weeks of commencing adoption leave (26 weeks Ordinary Adoption Leave and 26 Additional Adoption Leave).
3. refund, on request, the whole of the non-statutory element of occupational adoption pay if I fail to return to employment as indicated above.
4. confirm in writing my intention to return to employment at least 8 weeks before the proposed date indicated on this form.

I understand that my adoption pay will be:-

**8 weeks full pay, 16 weeks half pay and 15 weeks SMP**

But if I return to work at the end of my Ordinary Adoption Leave (ie after 26 weeks) this will be 8 weeks full pay, 16 weeks half pay and 2 weeks SMP

Signed ..... Date .....

**Section 2. Employees not intending to return to work**

I hereby apply for maternity leave and statutory adoption pay.

My expected date of placement is .....

I intend to commence adoption leave on .....

I enclose my Adoption placement paperwork

or  
I enclose a copy of the MATB1 issued to the surrogate mother

I understand that by choosing not to return to work following my adoption leave I am not eligible for the University's occupational adoption pay. Also that consequently my employment with the University will be terminated on the date of the last payment of statutory maternity/adoption pay.

Signed .....

Date .....