## Appendix B Notification of Adoption Leave Form

**Guidelines for completion**

Please read the NCG Adoption Policy before completing this form. This form should be completed by colleagues within 7 days of the date on which notification of the match with a child is provided by the adoption agency. Once completed, please submit this to your manager.

Managers should send this form alongside a copy of matching certificate from the adoption agency to your designated P&D Advisor.

**Section A: Colleague Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Payroll ID number  |  | Department |  |

**Section B: Adoption Leave Information**

|  |  |
| --- | --- |
| Date child is adopted: |  |
| Matching certificate incl.: (please select) | Yes / No |
| Adoption leave start date: |  |

**Section C: For colleagues who are entitled to occupational adoption pay (OAP) in line with the eligibility criteria outlined in the policy and intend to return to work.** (please select yes/no for the below)

|  |  |  |
| --- | --- | --- |
| I intend to return to work after my adoption leave for the required period of time  | Yes | No |
| I would like to receive my occupational adoption pay each pay period, **OR**  | Yes | No |
| I would like to receive my occupational adoption pay as a lump sum when I return | Yes | No |
| I am aware that if I do not return or subsequently leave within the specified time as outlined in the policy, I will have to repay this sum of money. |

**Section D: For colleagues who are entitled to occupational adoption pay (OAP) in line with the eligibility criteria outlined in the policy and DO NOT intend to return to work.**

|  |  |  |
| --- | --- | --- |
| I do not intend to return to work at the end of my adoption leave | Yes | No |
| I am aware that I am not entitled to receive any occupational adoption pay in line with the entitlement specified in the policy. |

**Section E: Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Colleague signature |  | Date |  |