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| REQUEST FOR ADOPTION LEAVE FORM |
| Please complete and return to the Headteacher no later than 7 days after the notification of the adoptive match was given to you by the adoption agency and at least 28 days before you wish any payment of statutory adoption pay to begin (or as soon as possible where this is not reasonably practicable) |
| NAME: …………………………………………………………………………  EMP. NO: …………………………………………………………………………  SCHOOL/PRU: ………………………………………………………………………... |
| Date of commencement of employment with Croydon Council/School: |
| The Date the adoption agency have matched you with the child(ren): |
| The Date the child is expected to be placed with you: |
| Date Adoption Leave is expected to commence: |
| I will be returning to work after my adoption leave:  I will not be returning to work after my adoption leave:  **Declaration**  **You must tick this box if you are adopting a child with your partner.**  I declare that I am adopting the child with my partner and I want to receive Statutory Adoption Pay and adoption leave, not Statutory Paternity Pay (SPP) and Paternity leave.  I will be the Principal Carer for a child(ren) being legally adopted through an adoption agency/surrogacy arrangement/fostering to adopt arrangement.  I will inform my Headteacher/manager immediately if there is any change to the above or any change in the circumstances relating to the adoption/permanent fostering.  I enclose a matching certificate /will forward \* the matching certificate /relevant documents relating to the adoption/ surrogacy arrangement/fostering to adopt arrangement and agree to the conditions of the adoption leave scheme.  \**Please delete as appropriate*  Signed…………………………………… Date……………………….  Headteacher/manager ……………………………… Date……………………….. |