



Adoptive Leave Application Form

REF: HR 8, Rev. 2

In Accordance with the Adoptive Leave Acts, 1995 & 2005

Employee Details

Personnel Number

First name:

Surname

Unit/School

Grade

Contact No.:

- I hereby give **four weeks'** notice of my intention to avail of **24 weeks Adoptive Leave** from the expected date of placement below.

- I understand that **no later than four weeks before the end of my Adoptive Leave, I must notify the Human Resources Office, in writing, of my intention to return to work.**

- I also wish to avail of **16 weeks Unpaid Leave**

Yes No

If less, please specify

OR

I am undecided at present

If you are undecided about taking Unpaid Leave, you may do so later. You must give **four weeks'** notice prior to the end of your paid Adoptive Leave.

"I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE ADOPTIVE LEAVE POLICY"

Signed: _____
Employee

Date: _____

Signed: _____
Head of Unit/School

Date: _____

Approved by: _____
Employee Relations Manager

Date: _____