



Application Form for Adoptive Leave

In Accordance with the Adoptive Leave Acts, 1995 & 2005

Employee Details

Personnel Number

Name:

Unit/School

Manager Name:

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

Date of Placement:

➤ 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 decide later. You must give HR notice of such leave at least **four weeks'** prior to the end of your 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: _____