**REQUEST FOR ADOPTION LEAVE FORM**

1. **Personal Information**

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| **Your name:** |  |
| **Your job title:** |  |
| **The school you work in or area of the Trust:** |  |

1. **Adoption Leave Information**

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| --- | --- |
| **The date I wish to commence my adoption leave is:** |  |
| **The date the child will be placed with me / or the expected week of childbirth is:** |  |
| **I wish to take the following number of weeks as adoption leave:** |  |
| **The date I would like either Occupational Adoption Pay or Statutory Adoption Pay to start is:** |  |
| **Please indicate whether you attach proof of the adoption or surrogacy or whether you will send it to** **HR@girlslearningtrust.org** **in due course:** |  |

1. **Conditions for receiving Occupational Adoption Pay**

For staff who meet the eligibility requirements for Occupational Adoption Pay (OAP), a qualifying condition is that the Trust expects staff to return to work for at least 13 calendar weeks under the terms of their existing contract (including periods of school closure). If you do not do this, the Trust may require you to refund some, or all, of the OAP that you have received after the 6th week of adoption leave. You will not be required to refund any Statutory Adoption Pay that forms part of your OAP.

 The 13-week period starts:

* From the date you return to work, or
* The date after maternity leave ends. This includes both term time and school holidays.

If you do not intend to return to work after adoption leave you will not be entitled to OAP. You may still be entitled to Statutory Adoption Pay if you meet the criteria.

Please indicate your intention in the table below:

|  |  |
| --- | --- |
| **Please specify whether it is your intention to return to work after your adoption leave:** |  |
| **If yes, please specify the date on which you currently intend to return to work:****(please note that this is not binding, and should you later change your mind you are entitled to do so):** |  |

1. **Form submission**

Please submit this form to your Headteacher or senior manager if you work within the wider Trust, and please copy it to HR@girlslearningtrust.org at least 28 days’ before the date the child is placed with you or the expected week of childbirth.

HR will write to you within 28 days of your notice confirming your adoption leave start and end dates and letting you know next steps.

1. **Declaration**

By signing this form, you acknowledge that if you do not return to work for a total period of 13 weeks after the end of your adoption leave, you will have to repay the OAP which you have received.

You give your consent for any deductions for the overpayment of OAP to be taken from any salary owed to you. In the event of you not receiving any salary, you confirm that any overpayment of OAP will be repaid either on or before your last day of employment.

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| **Your signature:** |  |
| **Date:**  |  |