

Application for Adoption/Surrogacy Leave

This form must be completed and submitted to HRpayroll@blaenau-gwent.gov.uk

SECTION 1 – PERSONAL DETAILS

Full Name:

Home Address:

Telephone Number: Home: Work:

Designation:

Place Of Work:

Staff Number:

N.I. Number:

SECTION 2 – DECLARATION

Having read the Council's Adoption/Surrogacy Leave guidance, I hereby notify you that as the child's adopter/intended parent I wish to take adoption leave and elect to receive adoption pay/leave in respect of this adoption. I confirm that no other person is claiming adoption/surrogacy leave in respect of this adoption/surrogacy. Please find below details in relation to my leave request.

Date of Placement of Child:

Date Adoption/Surrogacy Leave commences:

I intend returning to work* at the end of my Adoption/Surrogacy Leave Period?
(* for a period of at least 3 months)

Yes

No

If eligible for the 12 weeks occupational half pay what is your preferred payment option? (please tick as appropriate)

12 weeks in equal payments

33 weeks in equal payments

20 weeks in equal payments

Lump sum payment at the end of your Adoption Leave

How many weeks Adoption/Surrogacy Leave do you intend to take?

(Maximum 52)

If you are taking unpaid Adoption/Surrogacy Leave, would you want to pay back Additional Pension Contributions (APC's) on the unpaid leave? (LGPS only) deducted at 1/3 employee; 2/3 employer

Yes

No

Signed:

Date:

A MATCHING CERTIFICATE/EVIDENCE OF SURROGACY MUST BE SUBMITTED TO THE OD DIVISION WITH THIS FORM

ORGANISATIONAL DEVELOPMENT DIVISION ONLY

Check details and date of commencement:

D of C

Date of Return

Inform Resources

Entered in Register

Letter to Employee (28 days)

Filed Personal File