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| **STATUTORY ADOPTION LEAVE FORM (to be completed by the adopter)** |
| **Employees must complete this form no later than 7 days after either being matched with a child or, where relevant, receiving notification of the date the child will arrive in Jersey.**  |
| 1. **Employee’s Name:** ………………………………………………………………………………………………….. |
| 2. **Adoption Placement Date** …………………………………………………… OR **Child’s arrival in Jersey Date …………………………………………………… (only for overseas adoption)** Please provide evidence of the dates stated above from the relevant adoption organisation. |
| **Entitled to 26 weeks adoption leave of which 6 weeks is paid by the Employer.** |
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| 3. **I intend to start adoption leave on:** Date: ……………………………………………………………………………You have a maximum of 26 weeks’ statutory adoption leave.  |
| 4. **I intend to return to work on:** Date ………………………………………………………………………….. and I understand that if I wish to change this date I must give you 28 days’ notice. |
| 5. **Contact during adoption leave – KIT days:** I would like to be given the opportunity to attend any training or events without this bringing an end to my adoption leave. **YES NO** |
| **Employee:****Signed: ………………………………………………………. Date: ………………………………………………..**  |
| **Employer:** **Signed: ……………………………………………………...** **Date: …………………………………………………**  |