**Appendix J**

**Application for Adoption Leave and/or Pay**

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| **Name:**  |  | **Pay Number:**  |  |
| **Post:**  |  | **NHS Start Date:**  |  |
| **Department:**  |  | **Expected Date of** **Placement:**  |  |
| **Base** |  | **Address of Manager** |  |
| **Name of Manager** |  |

**Section 1** - Complete this section if you **do not** intend to return to work:

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| I do not intend to return to work and my last day of service will be………………I **wish/do not wish**\* to continue to pay pension contributions during my 52 weeks statutory adoption leave period. (\*please delete as appropriate) **signed:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **date:** . . . . . . . . . . . . . . . . .  |

**Section 2** - Complete this section if you **DO** intend to return to work **OR ARE UNSURE**

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| I do intend to return to work and plan to start my adoption leave on…………………… I am applying for adoption leave and/or pay in accordance with scheme **A1 / B1 / C1 / A3 / B3 / C3**\* (\*please delete as appropriate) I plan to return to work on……………………………..(if known) I agree to the conditions of service governing adoption leave and undertake to return to work for a minimum period of 3 months, with either the Trust or another NHS employer, within 15 months of the beginning of my adoption leave. I am aware that: 1. If I decide to return to work before the end of my adoption leave period or the date given above I must give 8 weeks’ notice.
2. Should I fail to return to work for the Trust or another NHS employer, I shall be liable to refund the whole of the adoption pay received, less any Statutory Adoption Pay to which I am entitled.
3. If I pay pension contributions now and if I am subject to pension payments on my return to work, I shall be liable for payments during any unpaid period of adoption leave I might take.

**Signed:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . D**ate:** . . . . . . . . . . . . . . . . . .  |

Once completed, submit this form to your manager, with your Matching Certificate.

Both forms should then be forwarded, by your manager to Senior HR Assistant, Onyx Centre, Tickhill Road site, Balby, Doncaster, DN4 8QN

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| Matching Certificate Attached? | Yes  |  | No |  |