**Human Resources**

# Ordinary childbirth/adoption support leave

Please refer to the University’s childbirth/adoption support leave policy for details of eligibility

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Department |  |

In the case ofbirths:

|  |  |
| --- | --- |
| Expected date of birth |  |
| Or, if the baby has been born, the actual date of birth |  |

In the case ofadoptions:

|  |  |
| --- | --- |
| Date adopter advised of being matched with the child |  |
| Expected date of placement |  |
| Or, if the child has been placed, date of placement |  |
| For overseas adoptions: date child arrives in the UK |  |
| For surrogacy arrangements: \*Expected date of birth or actual date of birth (\*please delete as appropriate) |  |

|  |  |
| --- | --- |
| Dates of ordinary childbirth/adoption support leave: | |
| I want to be away from work for | Four weeks  Four weeks taken as two blocks, each of two weeks\* |
| I would like my leave and pay to start on: |  |
| \*If taking as two blocks, the start and end date of each block will be: | Block 1: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Block 2: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Declaration |
| I am:  the baby’s biological father, or  Married to or in civil partnership with the mother/adopter, or  Living with the mother/adopter in an enduring family relationship, but am not an immediate relative  I will have responsibility for the child’s upbringing  I will take this period of time off work to support the mother/adopter or care for the child |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee’s signature |  | | Attachment to an email will constitute signatory authorisation | | |
| Print name |  | |  | Date |  |
| **Please pass this form to your Manager** | | |  | | |
| Line Manager’s signature | |  | Attachment to an email will constitute signatory authorisation | | |
| Print name | |  |  | Date |  |
|  | | |  | | |
| Head of School/ Function’s  signature | |  | Attachment to an email will constitute signatory authorisation | | |
| Print name | |  |  | Date |  |

**Please pass this form to your HR Operations Administrator**

**Last Updated: 14 October 2021 Page 2**