



ADOPTION/SURROGACY LEAVE NOTIFICATION FORM

- This form is for **University of Sheffield staff** to provide notification of an upcoming period of Adoption Leave (also available to intended parents of a child born through a legal surrogacy arrangement that meet the relevant eligibility criteria).
- Please read the Adoption Leave Policy and Procedure, available via the HR Family Leave website at the following link: www.shef.ac.uk/hr/guidance/family before completing this form.
- Please complete this form within 7 days of being notified by the adoption agency that you have been newly matched with a child for adoption, and in all cases providing at least 28 days' notice of the date you have chosen the adoption pay period to start where reasonably practicable. (In the case of a legal surrogacy arrangement, please submit the completed notification form, along with a verified copy of the birth mothers MATB1 Certificate by the end of the 15th week before the expected week of childbirth (EWC) (i.e. the 'qualifying week'). Send it, fully signed, to: Payroll, Firth Court, Western Bank, Sheffield, S10 2TN, or in person to Level One Reception, Arts Tower, Western Bank, Sheffield, S10 2TN.
- Please ensure that the relevant documentation** (detailed in section 4.4 below) is attached when submitting this form.

| 1. Your details - Please complete all the fields using CAPITAL LETTERS | | |
|---|--|---|
| Full Name | <input type="text"/> | |
| Department | <input type="text"/> | |
| Preferred Contact Email/Tel No: | <input type="text"/> | |
| Employee/Payroll No: (Mandatory) | <input type="text" value="Available through my job"/> | |
| 2. Which Adoption Leave scheme do you wish to apply for? | | Please tick one box below ✓ |
| A | University Scheme - 39 Weeks Paid Leave Option | <input type="checkbox"/> |
| B | University Scheme - 45 Weeks Paid Leave Option | <input type="checkbox"/> |
| C | Statutory Leave ONLY with SAP (or equivalent) for a maximum period of 39 weeks | <input type="checkbox"/> |
| 3. Key Dates- Please contact Payroll as soon as possible if your anticipated Dates change | | |
| 1 | Date notified by the adoption agency that a match was made (or date of official notification for an overseas adoption) (or in the case of intended parents of a child born through a legal surrogacy arrangement the EWC): | dd/mm/yy |
| 2 | Date the child is expected to be placed on/was placed on (or entered the UK): | dd/mm/yy |
| 3 | Expected date that you wish your adoption leave to start - this can start on any day of the week: | dd/mm/yy |
| 4 | Expected end date of adoption leave: Please note that any dates included here exclude Annual Leave. | dd/mm/yy |
| 4. Declaration: | | Please tick As appropriate ✓ |
| 1 | I am | The sole adoptive parent, or |
| | | Adopting the child with my partner, or |
| | | Entering a legal surrogacy arrangement subject to a parental order |
| 2 | I can | Confirm my partner is not taking adoption leave |
| 3 | I can | Confirm I am to be the primary carer of the child |
| 4 | I have | Attached a Matching Certificate provided by the approved adoption agency, Or |
| | | Attached a copy of the birth mother's MATB1 Certificate AND will forward the surrogacy parental order within 6 months of child's birth. |

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| 5 | <p>I understand that if I receive payment under the enhanced University's Adoption Leave scheme, I am required to return to my post for at least 3 months following my Adoption leave period. If I am unable to fulfil this requirement I am aware that the University reserves the right to reclaim the non-statutory element of the adoption leave pay, (and in the case of intended parents of a child through a legal surrogacy arrangement, all of the payments associated with the adoption leave period).</p> |
| 6 | <p>I understand that should I seek to take annual leave in the standard leave year, I will book this in the usual manner. (Carrying over annual leave may be possible, subject to agreement with your line manager).</p> |
| 7 | <p><i>(Only applicable in relation to surrogacy cases where a parental order is being applied for)</i> I accept that if I am unable to provide a copy of the surrogate parental order within 6 months of the baby's birth, the University has the right to reclaim all payments made in relation to the adoption leave period.</p> |

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|------------------|----------------------|-------------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
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|-----------------------------------|----------------------|-------------|----------------------|
| Signed by Line Manager | <input type="text"/> | Date | <input type="text"/> |
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