**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) |  |

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| --- |
| 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’ssignature  |  | Attachment to an email will constitute signatory authorisation  |
| Print name  |   |  | Date  |   |

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

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