**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 taken as a single block  Four weeks taken as two blocks, each of two weeks\*Four weeks taken in single blocks of one week \*  |
| I would like my leave and pay to start on: |  |
| \*If taking as more than one block, the start and end date of each block will be:**NB: If you do not yet know exact dates, at least 28 days’ written notice in advance of the start date of each period of leave will be required. It is possible to vary any agreed dates with 28 days’ notice.**  | Block 1: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Block 2: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Block 3: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Block 4: 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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