

LEAVE DETAILS

I can confirm that I have been notified of a match by the adoption agency.

I can confirm that I expect the child to be placed with me on:

.....

And I wish my adoption leave to commence on:

.....

I can confirm that a copy of the 'matching certificate' provided by the adoption agency has been appended to this form.

I confirm that I may subsequently change my mind about the commencement date of leave provided that 28 days written notice is given to my Head of Department (unless this is not reasonably practicable).

YOUR DECLARATION *(Please print clearly)*

Surname:

First names (s):

Department:

Payroll No: (if known).....

HEAD OF DEPARTMENT APPROVAL

The above dates have been discussed and the leave can be accommodated within the Department. I therefore agree to this request.

Signed: Date:

Please forward this form together with a copy of the matching certificate to the **Salaries Section** as soon as possible.