Appendix A

Southampton City Council

Request for Adoption Leave/Pay

TO: [Line Manager/Payroll Provider]: FROM: (Fill in your details).

Full Name: ………............................................................................................................

Home Address: .....................................................................................….......................

………………………………………………………………….……………………………………

Job Title : ………………………………………………………..………………………………

Employee (Payroll) No : .......................................... School:…..................………..........

Starting Date of Employment with the School/Council: ………………………….……….

Date of continuous Local Government service: ……………….……………………………

Week in which notified of being matched (adoption):….........................…...................

Week in which baby due (surrogacy):……………………………………………………..

**Matching Certificate/Parental Order seen by headteacher and copy attached/will follow shortly.\* (delete as applicable).**I am adopting a child from abroad and have completed Statutory Adoption Leave & Pay Form SC6 and have completed: <https://www.gov.uk/government/publications/statutory-adoption-pay-and-leave-adopting-a-child-from-abroad-sc6>

I intend to commence my Adoption Leave on …………………..……………………........

My last working day will be ..................................................……………………………..

**Please delete 2 of the 3 following statements**

* I do not intend to return to work after adoption leave.
* I intend to return to work after adoption leave and in accordance with the provisions set out in this Policy, I wish to receive my full entitlement to occupational adoption pay.
* I intend to return to work after adoption leave. I wish to postpone payment of those parts of my occupational adoption pay for which I would relinquish entitlement if I were unable to fulfil my intention to return to work.

(Please refer to the ‘Adoption Leave & Pay Policy for School Employees’ for guidance – the decision made at this time is not binding, but aids in the calculation of adoption pay)

Signed: ........................................................Date: ...........................................

APPENDIX B

Southampton City Council

Employee’s notification to return to work or resign

If you wish to return early from adoption leave this notification must reach the School not later than or 21 days before you intend to return.

TO: [Line Manager/ Payroll Provider]:

FROM: (Fill in your details).

1. Full Name:............……….................................................................…................

2. Job Title: …………………………………………………………………………….....

3. School: ……………………………………………………………………………..…

4. Employee (Payroll) No: ...........................................................................………................

I intend to return to work on .........................................................

OR

I do not intend to return to work. I understand this means I am resigning from my post (please note that you must give the amount of notice required by your contract of employment).

Date: .......................................................................................................................

Signed: ...........................................................................................................……..

Phone number for us to contact you in case of queries: ……………………..