

Paternity Leave

(Adopted Child)

In order to give notice of your intention to take paternity leave following the adoption of your child, please complete and return this form to your employer as follows: <<State Job Title e.g. the HR Manager>>.

You must give notice of your intention to take paternity leave no more than seven days after the date on which you were notified of the match, unless this is not reasonably practicable.

Name of employee	<< >>	
Department/Team	<< >>	
Date on which adopter was notified of match with child	<< >>	
Date on which child is expected to be placed with adopter	<< >>	
Actual date of placement for adoption (if applicable)	<< >>	
This form gives notice of my intention to take paternity leave starting:		
on the date on which the child was notified of the match	OR	<input type="checkbox"/>
[State number] days after the date on which the child was notified of the match	OR	<<>>
on [state date] (a date later than the date on which the child was notified of the match)	OR	<<>>
I wish to take: (please indicate below as appropriate)		

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One week's paternity leave		<input type="checkbox"/>
Two weeks' paternity leave		<input type="checkbox"/>
I declare that: (please indicate below as appropriate)		
I am jointly adopting the child with my wife/civil partner OR		<input type="checkbox"/>
I am married to the child's adoptive mother		<input type="checkbox"/>
I am the civil partner of the child's adoptive mother		<input type="checkbox"/>
I am the cohabiting partner of the child's adoptive mother		<input type="checkbox"/>
AND		
I will have responsibility for the child's upbringing AND		<input type="checkbox"/>
I will be absent from work for a period of at least 14 days for the child or supporting the child's mother		<input type="checkbox"/>
I have opted to receive statutory adoption leave and pay, in respect of the child	I have opted to receive statutory adoption pay, NOT statutory	<input type="checkbox"/>
Signed		
Dated		