

Adoption Leave Form

Title	
First Name	
Surname	
Job Title	
School:	
Home Address	
Tel Number (Work)	
Tel Number (Home)	
<p>Have you attached a copy of your matching certificate and/or letter from the adoption agency to this form?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – please note your application will not be processed without this.</p>	
<p>According to your matching certificate and/or letter from the adoption agency, what is your expected date of placement?</p> <p>Date.....</p>	
Return to work date:	
<p>I believe I qualify for:</p> <p><input type="checkbox"/> SMP</p> <p><input type="checkbox"/> The School/Council Scheme</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Neither</p>	

Please ask payroll to confirm my entitlement as soon as possible.

Your signature:	
Manager/Headteacher signature:	
Date:	