

<b>Your dates for Leave</b>	
The adoption agency told the person adopting the child that he or she had been matched with the child on _____	
The child is expected to be born on _____ and placed on _____	
If the child has been placed, what date was this on? _____	
I want to be away from work for one/two* weeks (*delete as appropriate)	
<b>Your declaration</b>	
Surname _____	
First Name _____	
<b>You must tick this box if you are adopting a child with your partner</b>	
I declare that I am adopting the child with my partner and I want to receive paternity leave and not adoption leave.	<input type="checkbox"/>
<b>You must be able to tick all three boxes below to get paternity leave</b>	
I declare that	
<ul style="list-style-type: none"> <li>• I am either                             <ul style="list-style-type: none"> <li>– married to the person adopting the child, or</li> <li>– living with the person adopting the child in an enduring family relationship, but not an immediate relative</li> </ul> </li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• I shall have responsibility for the child’s upbringing</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• I shall take time off work to support the person adopting the child or care for the child</li> </ul>	<input type="checkbox"/>
I understand that where one or two weeks paternity leave is approved, only five days will be paid.	
Signature	
Date	

**Note: Manager’s authorization for paid/unpaid leave provided on next page.**

**This leave is to be paid/unpaid\* (\*Manager to delete as appropriate)**

An officer who is entitled to paternity leave will also be entitled to paternity pay of a maximum of 5 days paid leave.

Signature of Manager

Date

This completed form to be copied to:

Pay Section  
Office of Human Resources