# Adoption Leave Application Form (Corporate and Fire)

This form is to be completed and forwarded to your line manager within 7 days of being notified by the Adoption Agency that you have been matched with a child. Your line manager should then forward the form to the Payroll Team (before the 7th of the month) for the purposes of adjusting your pay.

For details on eligibility for Adoption Leave, please refer to the policy on the Employment Policies Handbook.

**Applicant details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  | | | / |  | | | / | | |  | | | |  |  | | | | | Title | | | | | Click | | | | | | | | | | |
|  | DD | | |  | MM | | |  | | YYYY | | | | |  |  | | | |  | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | | |
| First name | Click | | | | | | | | | | | | | | | | |  | | | Surname | | | | | Click | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resource ID | 2 | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number |  | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  |  |  |  | | |  |  |
|  | | | | | | | | | | | | | | |  |  | | | | | | | |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | | | | |
| Directorate\* | Please select one | | | | | | | | | | | | | | | | |  | | | Post title | | | | | | Click | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | |
| Contract type\* | Please select one | | | | | | | | | | | | | | | | |  | | | End date\*\* | | | | | |  | | | / |  | | | / |  |
|  |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | DD | |  | | | MM |  | | YYYY |
| \*Select from drop down list  \*\*If Temporary/Fixed-Term contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Contact details confirmation**

|  |  |
| --- | --- |
|  | I confirm my home address on Business World is current, correct, and can be used during my adoption leave |
|  |  |
|  | I confirm my email address on Business World is current, correct, and can be used during my adoption leave |
|  |  |
|  | I confirm my contact telephone number(s) on Business World is current, correct, and can be used during my adoption leave |

**Adoption leave details**

*Please select the relevant statements which apply to you:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I am newly matched with a child by an Adoption Agency | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | I have worked for Lincolnshire County Council continuously for 26 weeks ending with the week in which I as notified of being matched with a child | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | I wish to take "ordinary adoption leave" from | | | |  | | | / |  | | / |  | | |
|  |  | | | | DD | | |  | MM | |  | YYYY | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | I wish to follow this immediately with "additional adoption leave" from | | | | | | | | | | | |  | / | |  | / |  |
|  |  | | | | | | | | | | | | DD |  | | MM |  | YYYY |
|  |  | | | | | | | | | | | | | | | | | | |
|  | I expect to return to work on |  | / |  | | / |  | | |
|  |  | DD |  | MM | |  | YYYY | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expected date of placement |  | / |  | / |  |  | Last working day |  | / |  | / |  |
| DD |  | MM |  | YYYY |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Adoption Pay to commence (w/c Sunday) |  | / |  | / |  |  |  |  |  |  |  |  |
| DD |  | MM |  | YYYY |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Certificate from Adoption Agency attached |

**Occupational Adoption Pay (OAP)**

|  |
| --- |
| *You are only entitled to OAP if you have at least 12 months continuous service by the week in which you are told you have been matched with a child.* |

|  |
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| **If entitled to OAP payments are as follows:** |
| The first 6 weeks at 90% of average weekly earnings   * for the following 12 weeks - 50% pay - the combination of SAP and half pay is capped at the equivalent of a full week's pay * for the following 21 weeks – the lesser of the standard rate of SAP or 90% of their average weekly earnings |

|  |  |
| --- | --- |
| Please indicate your choice of Occupational Adoption Payment below: | |
|  | | |
|  | Please pay me the first 6 weeks and the 12 weeks at 50% OMP during my adoption leave | |
|  | | |
|  | Please pay me the first 6 weeks of OMP and the 12 weeks 50% as a lump sum payment when I return to work | |

**Application approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  | | | | | |
| Line Manager signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  | |
| Email address | Click | | |  |  |  |  |  | |

Please email this form with Certificate from Adoption Agency to [People\_Services\_Corp@lincolnshire.gov.uk](mailto:People_Services_Corp@lincolnshire.gov.uk) (Corporate) or [LFR\_payroll@lincolnshire.gov.uk](mailto:LFR_payroll@lincolnshire.gov.uk) (Fire) no later than the 7th of the month.