**Form ADL1 - Notice of intention to take Adoption Leave**

Please complete this form and discuss with your Line Manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details** | | | |
| Surname: |  | | |
| First name(s): |  | | |
| Post title: |  | | |
| Organisational Unit: |  | | |
| Line manager: |  | | |
| Contact phone number (at work): |  | | |
| Employee number (on payslip): |  | | |
| **Dates for Adoption Leave** | | | |
| Date notified of a match (within UK) or date of official notification (from overseas) | | |  |
| Date the child is expected to be placed on: | | |  |
| Do you intend to return to work after Adoption Leave? | | | Yes / No / Undecided (please circle) |
| Date intend to start Adoption Leave: | | |  |
| Date intend to return to work: | | |  |
| **Declaration** | | | |
| Adoption status, confirm whether you are: | | | * + The sole adoptive parent   + Adopting the child with my partner |
| If adopting the child with you partner you must be able to tick this box: | | | * + My partner is not taking adoption leave |
| Additional documentation required:  (please enclose) | | | * + Matching Certificate, provided by the Adoption Agency, OR   + Copy of official notification and date of child’s entry to the UK |
| *I have read the Adoption Leave Policy and Procedures and accept the terms contained within them. In particular I agree that if I do not return to work for at least 12 weeks after my adoption leave, I will repay to the University any adoption pay that I have received (other than statutory adoption pay). I agree that the University may deduct any unpaid amount from any outstanding payments (including salary and holiday pay) due from the University to me.* | | | |
| **Signature:** | | **Date:** | |
| **Dates of Annual Leave** | |  | |
| discussed and agreed with line manager  (to be taken before or after Adoption Leave, but within the leave year where possible) | |  | |
| **Agreed by line manager**  **Manager name…** | | **Manager signature…**  **Date…** | |

If you have any difficulty completing this form please contact People & OD Operations for assistance.

**Copies of completed form to be sent to your Line Manager and People & OD Operations.**

**Form ADL2 – Pre-Adoption Leave Checklist for staff**

This checklist is optional – it is intended to help to ensure that all necessary steps are taken prior to and during adoption leave. Employees and line managers may find it helpful to use this.

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| --- | --- | --- |
| **Action by:** | **Action:** | **Notes:** |
| **PLANNING ADOPTION LEAVE** | |  |
| Employee | Inform line manager at earliest opportunity. |  |
| Employee | Complete form ADL1 when notified of a match (see timescales in policy) and attach Notification from Adoption Agency.  Give to line manager and People & OD Operations. |  |
| Manager & employee | If you are on a FTC / grant funded post - discuss how this will be affected – explore options available in the terms of the grant/funding with the PI / research funder. |  |
| Manager & employee | Calculate annual leave and agree dates when this will be taken (People & OD Operations can help with this if needed). |  |
| People & OD Operations | Will confirm leave arrangements in writing. |  |
| Employee | Familiarise yourself with [family friendly policies and childcare support](http://www.staffnet.manchester.ac.uk/employment/benefits-rewards/family-friendly/) available through the University. |  |
| Employee | Check the arrangements for payment of staff benefits during your leave (eg. car parking, cycle scheme, childcare vouchers, nursery fees.) |  |
| Manager & employee | Discuss work /teaching cover and handover arrangements. |  |
| Manager & employee | Discuss arrangements for keeping in touch during adoption leave – how to contact, frequency, purpose, KIT days (see [KIT days FAQs](http://documents.manchester.ac.uk/DocuInfo.aspx?DocID=23143)). |  |
| Manager & employee | If the employee is on probation - discuss whether this will affect the probation period. |  |
| Employee & manager | To request to alter your working hours/arrangements for your return, you must complete a [flexible working request](http://documents.manchester.ac.uk/DocuInfo.aspx?DocID=9) and discuss with your line manager. |  |
| Employee | Review your PDR and personal development plans – take stock of where you are and what your goals are, this will make it easier to refresh yourself on your return to work. |  |
| **RETURNING TO WORK** | |  |
| Employee | Notice to return – if you intend to return after 52 weeks you do not need to give any further notice.  If you wish to return to work before 52 weeks you must provide at least 8 weeks’ notice in writing to your line manager and People & OD Operations.  If you wish to end your adoption leave before 52 weeks to take Shared Parental Leave you must provide at least 8 weeks’ notice in writing to your line manager and People & OD Operations. |  |
| Employee | Consider whether you want to pay pension contributions on your return to work for any unpaid period of leave. Contact the [Pensions Office](http://www.staffnet.manchester.ac.uk/theguide/index.htm?page=contact&id=RegSec-%3EHR-%3EPensions) for advice or to make payments. |  |
| **NOT RETURNING TO WORK** | |  |
| Employee | If you decide not to return to work you must resign giving your contractual notice in writing to your line manager and People & OD Operations. You will be required to repay any payments over SAP, unless you return to work for 12 weeks. |  |
| Employee | If your FTC ends during your leave, you do not need to do anything further. Any outstanding SAP owing will be paid to you. |  |

**Completed form to be kept by employee and/or Line Manager.**

**Form ML/ADL3 - Return to Work Interview Checklist for Maternity, Adoption and Shared Parental Leave**

Following a period of maternity, adoption or shared parental leave it is important to ensure that the employee is supported back into work. The purpose of such an interview is to help them to settle back into their role as smoothly and quickly as possible. Please discuss the following issues either on return to work or during a KIT/SPLIT day. Agree and note down any further steps which should be taken.

|  |  |
| --- | --- |
| How long have you been away from work? |  |
| Did you undertake any keeping in touch days? How beneficial were they?  **(to claim payment complete form ML/ADL4 KIT days record, or SPL5 SPLIT days record )** |  |
| Do you have any childcare issues causing you concern? Are you aware of the support available through the University? (childcare vouchers/ nursery fees salary sacrifice/ on site nurseries). |  |
| Have you had any health problems whilst away? Is there any condition which is still causing concern? |  |
| Do you need to be referred to Occupational Health, Counselling or Disability Support Office? |  |
| Are any adjustments in the workplace required? (e.g. for breast feeding). |  |
| Are you aware of the parents [Peer Support Group](http://www.staffnet.manchester.ac.uk/services/equality-and-diversity/staff-network-groups/returning-from-maternity-leave/) organised through STDU? |  |
| Discuss and clarify work pattern and affect on the role requirements, if returning to different hours.  Are any adjustments required to the role? |  |
| Update on any changes which have occurred in the workplace during your absence (for example – introduce to any new staff; explain any changes in structure, procedures, etc). |  |
| Update on the role, any work that has been undertaken in your absence and what current work is required. |  |
| Is any training required to bring you back up to speed? |  |
| **Employee name:** | **Manager name:** |
| **Employee signature:** | **Manager signature:** |
| **Date completed:** | **Date completed:** |

**Completed form should be kept on file locally by the Line Manager.**

**Form ML/ADL4 - Keeping in Touch (KIT) Days Record (Maternity & Adoption Leave)**

Please complete this record on your return to work from maternity or adoption leave. Payment will be made and shown on your next available payslip (depending on the payroll deadlines).

During maternity or adoption leave you may work on a maximum of 10 days without affecting your rights to statutory pay.

KIT days do not extend your period of maternity or adoption leave.

You may receive additional payment for the hours that you work, which is calculated as follows:

* KIT day whilst receiving occupational maternity/adoption pay (ie. full pay) = no additional payment will be made.
* KIT day whilst receiving statutory maternity/adoption pay = the statutory rate will be topped up to your normal basic pay\* for the hours you work.
* KIT day whilst on unpaid maternity/adoption leave = your normal basic pay for the hours you work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATE** | **TIME** | **NUMBER OF HOURS WORKED** | **ACTIVITY DESCRIPTION (optional)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **Employee declaration:**  I confirm that I worked the above hours and wish to claim additional payment (where appropriate) in respect of these | | | | |
| Employee Name: | | | Employee Number: | |
| Employee Signature: | | | Date: | |
| **Payment authorised by:** | | | | |
| Manager Name: | | | Date: | |
| Manager Signature: | | |  | |

**Manager to send a scanned copy of the completed form to People & OD Operations for payment.**