#### Teacher Staff Primary Adopter Adoption Entitlements (if mirroring Burgundy Book)

|  |  |  |  |
| --- | --- | --- | --- |
| What service do I have? | What options are available to me? | How much adoption leave am I entitled to? | What adoption pay am I entitled to? |
| **Less than 26 weeks service,** irrespective of hours worked, ending with the week in which the adoption agency notified you that you had been matched with the child (Qualifying Week) and are still employed by us during that week | **A** I would like to return to work | Up to 52 week's absence in total including no more than 14 days before the Expected Placement Date, | Form SAP1 should be provided from your payroll provider. If you qualify for adoption leave but not SAP (Statutory Adoption Pay), contact your adoption agency to find out if you can get any other help. You may be able to get a social security benefit while you are on leave. For more information go to Department for Work and Pensions SAP. |
| **B** I would like to resign | Not applicable | As above |
| **26 weeks or more,** ending with the week in which the adoption agency notified you that you had been matched with the child (Qualifying Week) and are still employed by us during that week **and less than 1** **year’s service** as at Qualifying week | **C** I would like to return to work | Up to 52 weeks absence in total including no more than 14 days before the Expected Placement Date | Depending on salary and average earnings:  6 weeks higher rate SAP at 90% of average earnings followed by 33 weeks lower rate SAP and the remainder unpaid |
| **D** I would like to keep my options open as I may choose to resign or to return to work | Up to 52 weeks absence in total including no more than 14 days before the Expected Placement Date | Depending on salary and average earnings:  6 weeks higher rate SAP at 90% of average earnings followed by 33 weeks lower rate SAP and the remainder unpaid |
| **E** I would like to resign | Not applicable | Depending on salary and average earnings:  6 weeks higher rate SAP at 90% of average earnings followed by 33 weeks lower rate SAP |
| **At least 1 year’s continuous service,** ending with the week in which the adoption agency notified you that you had been matched with the child (Qualifying Week) and are still employed by us during that week | **F** I would like to return to work | Up to 52 weeks absence in total including no more than 14 days before the Expected Placement Date | 4 weeks at full pay and 2 weeks at 90% of full pay followed by 12 weeks half pay.  You must return to work for a minimum of 13 weeks otherwise the 12 weeks half pay must be repaid.  Plus, depending on salary and average earnings:  33 weeks lower rate SAP to be paid alongside the 12 weeks at half pay |
| **G** I would like to keep my options open as I may choose to resign or to return to work | Up to 52 weeks absence in total including no more than 14 days before the Expected Placement Date | 4 weeks at full pay and 2 weeks at 90%  Plus depending on salary and average earnings:  33 weeks lower rate SAP and the remainder unpaid  The 12 weeks at half pay will only be paid if you return to work for a minimum of 13 weeks |
| **H** I would like to resign | Not applicable | 4 weeks at full pay and 2 weeks at 90%  Plus depending on salary and average earnings:  33 weeks lower rate SAP |

Service for SAP is continuous service with the current employer only and is only payable if employed during qualifying week, i.e. the week in which the adoption agency notified you that you had been matched with the child.

#### Teacher Application for Primary Adopters Adoption Leave and Pay

Please read the adoption policy and the table overleaf, then complete and return the form below to the school office during when you have been matched with the child, but in any case within 28 days of receiving Official Notification (or, if you have less than 26 weeks' employment with us at the date of Official Notification, the date you complete 26 weeks of employment)

|  |  |
| --- | --- |
| Name: |  |
| Payroll Number: |  |
| Home Address: |  |
| School Name: |  |

Adoption Options

Please tick one option below. Refer to table overleaf.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | C | D | F | G |
|  |  |  |  |  |
| First date of adoption leave:  I understand this date can be altered and I must give at least 28 days’ notice of the revised Intended Start date adoption leave is to commence. | | |  | |

|  |  |  |
| --- | --- | --- |
| B | E | H |
|  |  |  |

I do not intend to return to work and thereby wish to formally terminate my contract of employment effective from:

Date:

The end of my adoption pay period

I have read and understand the maternity policy, which I have retained.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**NB.** If you wish to continue to pay pension contributions for any period of unpaid adoption leave, please contact your local authority’s Pensions Section for further information.

Expected Placement Date (EPD)

A proof of adoption needs to be provided **(please tick)**

I enclose my matching certificate or other acceptable proof of adoption\* with this form.

I will forward my matching certificate or other acceptable proof of adoption\* to the School as soon as possible and understand that I will not receive any adoption pay until I provide this.

Keeping in Touch Days

You are entitled to “keep in touch” with the workplace for up to a maximum of 10 days during your adoption leave without affecting your entitlement to statutory or contractual Adoption pay. The exact arrangements for “keeping in touch” must be discussed with your Principal/Headteacher/Line Manager.

I wish to discuss with my Principal/Headteacher/Line Manager arrangements for “keeping in touch” days.

I do not wish to discuss arrangements for “keeping in touch” days but reserve the right to discuss this with my Principal/Headteacher/Line Manager at a later date during my adoption leave.

Authorising Signature

I confirm that I have discussed “keeping in touch” days with the employee if requested.

**I certify that I have seen the original matching certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Please return this completed form to EPM as soon as possible to enable a response to be provided to the employee within 28 days of this form being returned to the school office.**

**\*Acceptable proof of adoption needs to contain:**

* **your name and address and that of the agency**
* **the match date - for example the matching certificate**
* **the date of placement - for example a letter from the agency**
* **the relevant UK authority’s ‘official notification’ confirming you’re allowed to adopt (overseas adoptions only)**
* **the date the child arrived in the UK - for example a plane ticket (overseas adoptions only**