King's College Hospital
NHS Foundation Trust

APPLICATION FOR ADOPTION LEAVE

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

Please Note:

To submit this form you will need to save a copy and then send it to payroll via email at kch.payrollandexpenses@nhs.net

You must attach a copy of your Matching Certificate when submitting this form. If you are unable to attach the Matching Certificate with the form, you must email the Matching Certificate to payroll separately and include your name, employee number and case reference number.

Your application can not be processed without this documentation.

Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090 option.

If completing this form by hand please complete in CAPITALS and use BLACK INK only.

1. EMPLOYEE DETAILS

Assignment No.* - Position Number *

Surname*

Forename(s)*

Job Title*

2. ADOPTION REQUEST

Match Date* (D D M M Y Y Y Y)

Placement Start Date* (D D M M Y Y Y Y)

Adoption Leave Start Date* (D D M M Y Y Y Y)

Declaration – I have at least 26 weeks continuous service in an NHS Trust at the 15th week before my Match Date* Yes ☐ No ☐

Declaration – I have at least 1 years continuous service in an NHS Trust at the 11th week before my Match Date* Yes ☐ No ☐

3. INTENTION TO RETURN - Please Select one of the following *

I do intend to return to work following adoption ☐

I do not intend to return to work ☐

I have not yet decided ☐

Intended date of return (D D M M Y Y Y Y)

Your intended date of return is for information only; upon agreement of your actual return with your manager, an Adoption Return Form must be completed to ensure reinstatement to the payroll.

4. YOUR AUTHORISATION

I have read the adoption leave guidelines and accept the conditions outlined in it.

Authorised Signature

Date* D D M M Y Y Y Y

Contact No.*

Work Email Address*

5. MANAGER AUTHORISATION

The dates given and entitlement to adoption leave and pay are accurate.

Employee No *

Forename *

Surname *

Authorised Signature

not required if being submitted electronically from your NHS e mail account

Date * D D M M Y Y Y Y

Contact No. *

Work Email Address *

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Clear Form