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|  | **Polasaí agus Nósanna Imeachta****Policies and Procedures** |

**Application Form for Adoptive Leave**

**In Accordance with the Adoptive Leave Acts, 1995 & 2005**

# Employee Details

Personnel Number

Name:

Unit/School

Manager Name:

* I hereby give **six weeks’** notice of my intention to avail of **24 weeks of Adoptive Leave** from the expected date of placement below.

Date of Placement:

* I also wish to avail of **16 weeks Unpaid Leave**

Yes No

If less, please specify

# OR

I am undecided at present

If you are undecided about taking Unpaid Leave, you may decide later. You must give HR notice of such leave at least **four weeks’** prior to the end of your Adoptive Leave.

# “I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE ADOPTIVE LEAVE POLICY”

Signed: Date:

*Employee*

Signed: Date:

*Head of Unit/School*

**Line Manager Information:**

The Line Manager should review the [Manager’s Guide to Effectively Managing Adoptive Leave](https://www.universityofgalway.ie/media/humanresources/documents/managers/Effectively-Managing-Maternity-and-Adoptive-Leave.pdf) on the HR Website.