## **Application for Paternity Leave** (Adoption)



Colleague details		
Employee number:	Business:	
Location/Unit/Department:	Start date:	
Last name:	First name:	
Paternity details		
Date of notification of being matched with my ch	ild:	
Date my child was/is due to be placed with me:		
I want to be away from work for: 1 week (Please tick as appropriate)	2 weeks	
Full name of my child's Main Adopter:		
Is your child's Main Adopter an employee of the	Co-op? Yes  No	
If yes, please give their employee number		
<b>Declaration</b> You must be able to tick all the boxes below to be	entitled to Paternity Leave and Pater	rnity Pay
I declare that (please tick):	entitled to Faternity Leave and Fater	Tilly Fay.
		Yes 🗌
I have been matched with this child for adoption		Yes 🗍
I will take time off work to support the child's Mai		Yes
I will have been employed by the Co-op for 26 w going to be placed with you for adoption	reeks by the date that you're told a ch	nild is Yes
I earn an average of at least £120 a week  NB if you can't tick yes to this you can still take Pater		Yes 🗌 rnity Pay
*This includes partners of the same gender and Pacolleagues.	iternity Leave is available to both male	e and female
<b>Note:</b> You may choose to take either one whole weeks after the date when the child is placed with week, but must be taken in a consecutive block – yweeks.	you. Paternity Leave may start on ar	ny day of the
Authorisation		
Colleague's signature:	Date: (dd/mm/yyyy)	
Manager's signature:	Date: (dd/mm/yyyy)	

## Please return this form to HR Services.

Once the child has been placed with the colleague, the manager needs to call HR Services on 0330 606 1001 to confirm the placement date and the date when Paternity Leave began, or the team won't be able to process the leave.