## **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	child:
Date my child was/is due to be placed with me	9:
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 th	ne Co-op? Yes 🗌 No 🗌
If yes, please give their employee number	
Declaration	
Deciaration	
You must be able to tick all the boxes below to be	be entitled to Paternity Leave and Paternity Pay.
I declare that (please tick):	
I am the spouse, partner or civil partner* of the	e child's Main Adopter Yes
I have been matched with this child for adoption	on Yes 🗌
I will take time off work to support the child's M	Main Adopter and/or care for the child Yes
I will have been employed by the Co-op for 26 going to be placed with you for adoption	weeks by the date that you're told a child is Yes
I earn an average of at least £112 a week  NB if you can't tick yes to this you can still take Pat	Yes  ternity Leave, but you won't qualify for Paternity Pay
*This includes partners of the same gender and I colleagues.	Paternity Leave is available to both male and fem
weeks after the date when the child is placed wi	ole week or two whole weeks any time up to eighth you. Paternity Leave may start on any day of the you can't take it in odd days or in non-consecut
Authorisation	
Colleague's signature:	Date: (dd/mm/yyyy)
Manager's signature:	Date:

## 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.